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Bernice M. Hemphill

THE MOTHER OF BLOOD BANKING: IRWIN MEMORIAL BLOOD BANK AND THE AMERICAN ASSOCIATION OF BLOOD BANKS, 1944-1994

With an Introduction by
Herbert A. Perkins, M.D.

Interviews Conducted by
Germaine LaBerge
in 1995 and 1996

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Bernice Hemphill, 1982.

San Francisco Chronicle

November 27, 1996

Bernice Hemphill

Bernice Hemphill, a national leader in the development of nonprofit blood banking for more than five decades, died at her San Francisco home Friday after a recurrent illness.

As the young wife of a Navy dental officer stationed in Honolulu, the attack on Pearl Harbor in 1941 sent Mrs. Hemphill rushing to volunteer at Queen's Hospital there — a move from which she never looked back.

She had been educated as a biologist and clinical analyst at the University of California in San Francisco, and the hospital recruited her skills for its understaffed transfusion service.

She soon became the supervising technologist at the Blood Bank of Hawaii and before World War II was over, she returned to San Francisco to volunteer her services to the Irwin Memorial Blood Bank, the first nonprofit, medically sponsored blood collection center in the nation.

Mrs. Hemphill became the bank's first managing director and served there until she retired in 1982.

Working tirelessly to oppose the rise of commercial blood banks that made their profits on the sale of blood, Mrs. Hemphill founded the California Blood Banking System and the American Association of Blood Banks.

After her retirement, she served as voluntary president of the Irwin bank's Blood Research and Development Foundation and helped raise more than $1.5 million to further research on blood transfusion therapy.

An internationally known expert on blood banking, she traveled to many other nations to consult on the establishment of new banks and to help solve banking problems that frequently arose.

Mrs. Hemphill was active in many organizations dedicated to combatting disease and promoting help. She served on local boards of the American Cancer Society, the Hearing Society, the California Pacific Medical Center and the St. Francis Hospital Foundation.

Her interests encompassed wider aspects of community life, too. She served as a member of the San Francisco Planning Commission, the Commonwealth Club, the World Affairs Council, the United Nations Association, and many other civic and international organizations.

Mrs. Hemphill left no close family members, but a memorial Mass will be held at 4 p.m. Monday at St. Vincent de Paul Church, Green and Steiner streets in San Francisco.

Contributions in Mrs. Hemphill's memory may be made to the Blood Research and Development Foundation, 270 Masonic Ave., San Francisco, 94118, or to a favorite charity.

Cataloging Information

Bernice M. Hemphill (1915-1996) Blood bank administrator

The Mother of Blood Banking: Irwin Memorial Blood Bank and the American Association of Blood Banks, 1944-1994, 1998, vii, 485 pp.

Family background, childhood, and education in San Francisco; bioanalyst training, UC-affiliated college and hospital; marriage to navy dentist, Charles Hemphill; presence at Pearl Harbor, 1941, blood bank work in Hawaii, 1941-1943; executive director, Irwin Memorial Blood Bank, 1943-1982: personnel policies, evolution of scientific techniques, outreach to community, recruitment of donors and volunteers, education of technologists; establishing California and National Blood Bank Clearinghouse System; American Association of Blood Banks: origins in 1947, standards, issues including American Red Cross and lawsuits; establishing Blood Research Foundation; American Women for International Understanding; Women's Forum West; reflections on national blood bank figures. Includes interviews with Betty Carley, Arlene Kane, and Emiko Shinagawa, Irwin Memorial Blood Bank personnel.

Introduction by Herbert A. Perkins, M.D., Senior Medical Scientist, Irwin Memorial Blood Centers.

Interviewed 1995-1996 by Germaine LaBerge, The Regional Oral History Office, The Bancroft Library, University of California, Berkeley.

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INTRODUCTION by Herbert A. Perkins[1]

Bernice Hemphill played a major role in the evolution of blood banking from the 1940s until the early 1980s. She was a highly vocal and articulate spokesperson for the causes in which she believed. Her energy, enthusiasm, and willingness to spend whatever time it took to achieve her goals resulted in victories for her point of view. For more than twenty years she served as treasurer of the American Association of Blood Banks (AABB). She was thus the only permanent officer of that organization, and rotating presidents learned to ask Bernice how to respond to each crisis as it occurred and what to say to Congress at appropriate hearings.

Bernice was married to Dr. Charles Hemphill, a dentist. Charlie was in the navy when they married; later he joined the staff of the University of California Dental School in San Francisco. They had no children, and Bernice's baby was the Irwin Memorial Blood Bank in San Francisco. Bernice arrived at the blood bank each morning about 10 a.m. She was always beautifully dressed in the latest style, and the fact that she never had a hair out of place led to the rumor that she visited her hairdresser each morning. Bernice always had a schedule too busy to meet. She arrived each day in a rush, and the rapid clicking of her heels as she raced to catch a plane just as the doors were closing was a most familiar sound. She worked at her desk routinely until about 10 in the evening, spending much of her time on the telephone cajoling others to her point of view.

Bernice was a third generation San Franciscan. Prior to her marriage to Charlie Hemphill, she earned a degree as a medical technologist and certification by the State of California as a bioanalyst. The latter certification made her eligible to direct a clinical laboratory or blood bank. The Hemphills were in Honolulu on December 7, 1941, when Pearl Harbor was attacked, and Bernice went over to Queen's Hospital to see if she could donate blood. She says she found the place in chaos, organized a blood bank, and supervised it for the next several years.

When Charles Hemphill was transferred back to San Francisco, Bernice went to the Irwin Memorial Blood Bank to see if they could use her services. Irwin had been started in 1941 by three physicians from the San Francisco Medical Society, Drs. DeWitt Burnham, John Upton, and

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[1] See the interview with Dr. Perkins in The AIDS Epidemic in San Francisco: The Medical Response, 1981-1984, Volume V, Regional Oral History Office, The Bancroft Library, University of California, Berkeley, 1997.

Curtis Smith. Their goal was to collect plasma for Britain and whole blood for local use. When Bernice first went to the blood bank, she found they already had a technologist and didn't need another. In typical fashion she volunteered to help wherever she might be needed. Within a year the physicians in charge, recognizing her ability, energy, and enthusiasm, asked her to become the director of the Irwin Memorial Blood Bank, a position she held for the next thirty-four years until her retirement on October 31, 1982.

Other community blood banks were opened in California modeled after Irwin, and Bernice was always there to give them a hand. In subsequent years she made frequent trips to areas around the world in response to requests to help establish or improve on a local blood bank. Bernice had frequent foreign guests staying at her beautiful apartment on the top of Russian Hill with its 180-degree view that included both the Golden Gate and Bay Bridges.

With John Upton, Bernice started the California Blood Bank System, an organization of community blood banks in the state. In 1947, she was one of the founders of the American Association of Blood Banks. She capped her years of service as its treasurer with a year as president.

Bernice Hemphill was a strong believer in the obligation of a patient or the patient's family to see that blood which had been used was replaced. She promoted the use of a blood replacement fee (an additional charge for blood which could be canceled by a donation) to recruit new donors and encourage blood donations. She further organized a system whereby blood donation credits could be exchanged between blood banks and, with this, a mechanism for sharing surplus blood with banks where the supply was short. For several decades the AABB Clearinghouse, which handled exchange of blood and blood credits, was housed at Irwin under Bernice's direction. After she retired, it was moved to the AABB headquarters.

Bernice was a strong champion of pluralism in blood banking, resisting efforts by the American Red Cross to assume control over all of the blood banks in the country. Her concept of personal responsibility for blood replacement clashed with the Red Cross emphasis on community responsibility. Bernice always blamed the Red Cross for the most traumatic episode in her life, a lawsuit against Irwin and against her initiated by the State Department of Consumer Affairs. Allegations that Irwin used the non-replacement fees improperly were announced in headlines. When the suit was settled with the acknowledgement that Irwin applied those fees to benefit patients, the media noted that fact in small print.

Bernice's many contributions to the administrative side of blood banking resulted in the unusual honor that, while she was still alive, awards were established in her name to recognize annually the person who

had contributed the most to blood bank administration--one such award by the AABB and one by the California Blood Bank System.

Following her retirement from Irwin, Bernice continued as a volunteer, organizing the Blood Research and Development Foundation, which raised funds for capital improvements and research at Irwin.

Bernice's contributions were by no means limited to blood banking. She served as a volunteer on the boards of many hospitals and other civic agencies, including the United Way and the Planning Commission of the City and County of San Francisco. She was an officer in the Commonwealth Club. She chaired the Sickle Cell Disease Advisory Committee for the National Heart, Lung and Blood Institute.

One of Bernice's major outside activities involved an organization known as American Women for International Understanding (AWIU). This group of accomplished women made trips together to various parts of the world including communist countries, helping to establish good relations by personal contacts. Bernice provided Irwin facilities to help with the AWIU needs for clerical assistance and arrangement of meetings.

Bernice was an ardent Republican, contributing generously to the financial needs of the party. Pictures of her with a series of Republican Presidents were prominently displayed in her office.

No discussion of Bernice would be complete without reference to her religious beliefs and commitments. She was a loyal Catholic who attended Mass regularly and had many friends within the Church.

The world is a less interesting place without Bernice Hemphill.

Herbert A. Perkins, M.D.
Senior Medical Scientist
Irwin Memorial Blood Centers

February 1997
San Francisco

INTERVIEW HISTORY--Bernice Monahan Hemphill

Bernice M. Hemphill served as executive director of Irwin Memorial Blood Bank in San Francisco for almost forty years, 1944 to 1982. She has often been called the "mother" of blood banking. As one of the founding members of the American Association of Blood Banks, she helped formulate national standards in the field and establish the concept of blood exchange with the regional and national clearinghouse program.

The oral history which follows was a collaboration in every sense of the word. Those who knew Bernice Hemphill will smile, remembering her enthusiastic involvement in every project in which she participated. At first, it was difficult to convince Mrs. Hemphill that her life and work merited such documentation. At the suggestion of Helene Nemschoff, Bernice Hemphill and Betty Carley met with Helene and Harriet Nathan (an editor at the Regional Oral History Office) for lunch in October 1985, to discuss the possibilities of Bernice Hemphill's providing an oral history memoir for The Bancroft Library at the University of California, Berkeley. It would focus on her leadership of the Irwin Memorial Blood Bank and on standards for handling blood donations. But Mrs. Hemphill was hard to tie down, even after she retired from her position as executive director, because of her many other civic commitments, including American Women for International Understanding, the Blood Research and Development Foundation, and boards of directors of various organizations.

This interviewer first met Bernice Hemphill at a lunch meeting at the Women's Faculty Club on the Berkeley campus in December 1993, along with Harriet Nathan and Emiko Shinagawa, longtime friend and colleague from the blood bank. We spent over two hours talking about her life's work, blood banking. Her initial reluctance to participate stemmed from an unwillingness to promote herself: she wanted always to emphasize the teamwork and devotion of her co-workers and the generosity of the volunteers and the blood donors. In addition, Mrs. Hemphill was uncomfortable with the raising of funds for her oral history when the same money was needed to conduct blood research.

It was a full year before Mrs. Hemphill agreed to record her memoir. Unfortunately it was her illness that prompted her to say yes. We were able to complete seventeen interview sessions, twenty-seven tapes, from January 1995 through January 1996. The tapes were transcribed at the Regional Oral History Office and edited for clarity.

We met more frequently and for shorter periods of time than is customary for most oral histories. Each appointment was confirmed by phone an hour ahead of time, always subject to her health that particular day. The interview process is physically and emotionally

exhausting and Mrs. Hemphill gave it every spare ounce of energy. Even in her illness, she dressed in her characteristic elegance, with vibrant colors and beautiful jewelry. Often there were interruptions by phone calls--the governor's office, former blood bank colleagues from around the globe, her physician, or her parish priest.

Each time I was offered tea or juice or other refreshments. We sat either at the handsome dining room table or the more comfortable sofa in the living room overlooking the San Francisco Bay. Mementos of her many travels, remembrances of friends, and photographs decorated her peach-colored apartment on Russian Hill. There was always an abundance of flowers from admirers far and wide.

Mrs. Hemphill was reluctant to look at the transcribed interviews and then was not well enough to finish the editing process. Two weeks before her death in November 1996, I read parts of Interview 3 to her for her approval. Realizing that she would be unable to read the entire interview, she gave permission to Emiko Shinagawa and myself to edit as we thought appropriate. Ms. Shinagawa and I have attempted to do her sense of perfection justice, while leaving in enough "imperfection" to preserve the full flavor of her personality and manner of speaking. There is some repetition, but it emphasizes the strength of her convictions.

This oral history covers the early life of the young Bernice Monahan, growing up as a native San Franciscan, attending local Catholic schools, and eventually the University of California in San Francisco. It was there she trained to be a licensed bioanalyst and met Charles Hemphill, D.D.S., while drawing his blood for practice. Dr. Herbert Perkins, whose fine introduction begins the volume, gives details of the rest of Bernice Hemphill's life, all of which she recounts in the pages that follow. What emerges is the portrait of a warm professional woman ahead of her time, an internationalist, deeply religious, fiercely loyal to her friends and her ideals, dedicated to creating a better world for future generations.

From the beginning, Mrs. Hemphill wanted her oral history to be a story of the people who formed the backbone of blood banking. For that reason, there are three ancillary interviews with key members of the Irwin Memorial Blood Bank team: Betty Carley, former director of volunteers, interviewed on on December 27, 1995; Arlene Kane, former director of management and services, interviewed on October 1, 1995; and Emiko Shinagawa, former administrative director, interviewed on November 7, 1995, each in her respective home. These transcripts round out the picture of Bernice Hemphill's management style, her values, her commitment to quality medical care, her loyalty to her staff and vice versa. In addition, Margaret Harrell, former administrative assistant for corporate and community affairs, wrote a delightful memoir entitled "Life with Bernice," found in the Appendix. Janet Nelson Takeyama,

former head of public relations, contributed a 1981 memo, based on a conversation with Mrs. Hemphill, extolling the volunteer blood donor. We thank these five women for their enthusiastic participation in this project.

Herbert Perkins, M.D., Senior Medical Scientist at Irwin Memorial Blood Centers, wrote a fine introduction to this volume. Susan Robinson, oral history chair of Women's Forum West, offered advice and kept the process going. Thanks to both of them for their support and contribution. The entire project was made possible by a donation from Women's Forum West Legacy Foundation, for which we are grateful.

Bernice Hemphill gave this interviewer several notebooks of her speeches and other pertinent blood banking material which will be deposited at the University of California-San Francisco Archives. Researchers may also want to consult the oral history of Herbert A. Perkins, M.D., in The AIDS Epidemic in San Francisco: The Medical Response, 1981-1984, Volume V, and the collections of the American Association of Blood Banks headquartered in Washington, D.C.

The Regional Oral History Office was established in 1954 to augment through tape-recorded memoirs the Library's materials on the history of California and the West. Copies of all interviews are available for research use in The Bancroft Library and in the UCLA Department of Special Collections. The office is under the direction of Willa K. Baum, Division Head, and the administrative direction of Charles B. Faulhaber, James D. Hart Director of The Bancroft Library, University of California, Berkeley.

Germaine LaBerge
Interviewer/Editor

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BIOGRAPHICAL INFORMATION

(Please write clearly. Use black ink.)

Your full name Bernice M. Hemphill

Date of birth August 26, 1915 Birthplace San Francisco, CA

Father's full name Thomas Edward Monahan

Occupation Owner of furniture stores Birthplace San Francisco, CA

Mother's full name Anna J. Monahan

Occupation _____ Birthplace San Francisco, CA

Your spouse Charles Davidson Hemphill

Occupation Dentist Birthplace Oakland, CA

Your children _____

Where did you grow up? San Francisco

Present community San Francisco

Education Notre Dame High School; University of California affiliated college & hospital

Occupation(s) Clinical Laboratory Bioanalyst; Executive Director of Irwin Memorial Blood Centers (retired)

Areas of expertise Organization and management leadership skills

Other interests or activities Civic involvement, politics, world affairs and internationalism

Organizations in which you are active Commonwealth Club, American Cancer Society, Hearing Society for the Bay Area, California Pacific Medical Center, UC San Francisco Hospital Auxiliary, Alumni Resources, American Women for International Understanding, St. Francis Foundation, UC San Francisco Hospital Auxiliary, International Diplomacy Counc SF Chamber of Commerce, Seton Hospital Heart Institute, Sisters of Notre Dame Development Fund, St Marys Hospital Community Board

I CHILDHOOD AND EDUCATION

[Interview 1: January 4, 1995] ##[1]

Family Background

LaBerge: We usually like to start with your background, so why don't you tell me where you were born, and the circumstances?

Hemphill: I was born in San Francisco at St. Luke's Hospital. My parents' names were Anna and Thomas Monahan. Both of my parents were born in San Francisco.

LaBerge: Oh, so are you second generation, third generation?

Hemphill: I'm third generation San Francisco and third generation California.

LaBerge: There aren't too many--

Hemphill: I'm their only offspring, only child. We lived on Corbett Avenue, near Twin Peaks. In other words, when I was brought home from the hospital, that was where my parents lived. I had some cousins, particularly on the maternal side. One would have been about sixteen or more years older than I. On the paternal side, another sort of favorite cousin, who was at least eighteen years older than I. I guess one would say that, in focusing on that, it would be that my mother's sisters and my father's brothers had really not many children, so I was pretty much considered "everybody's child." [laughter]

LaBerge: Did you know your aunts and uncles and your grandparents?

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[1]## This symbol indicates that a tape or segment of a tape has begun or ended. A guide to the tapes follows the transcript.

Hemphill: Oh, yes. Very well. As I grew up, my mother or father never lacked babysitters. It was all voluntarily contributed. So as I reflect, I think, I really grew up in the first few years of my life pretty much in an adult world.

LaBerge: Which I'm sure had an influence on what you decided to do, and how you became who you are.

Hemphill: Yes.

LaBerge: So you really had a large, extended family.

Hemphill: Especially, first of all, on the maternal side, I had a grandmother and a grandfather for better than, probably about fifteen years of my life.

LaBerge: What were their names?

Hemphill: Anna and Frank McGinerty.

LaBerge: So you're Irish on both sides?

Hemphill: Yes. A little bit of German, but my grandmother's father was Irish and German.

On my paternal side, my grandfather was Edward Monahan, and my grandmother's name was Nora, Irish. My paternal grandmother died when I was about a year old, and my grandfather died when I was about eight or nine. He was blind. I have vivid memories of visiting both sides of the family, and also I think it made an impression on me, as far as at least sort of a health problem situation. Today we speak so openly about disabilities, which at that time, I used to remember saying, "But why is Grandpa blind?" It would be--well, it was surgically. He was operated on, and it wasn't successful. That does make an impression, I think, when you're small.

My father had three brothers. They all lived in the area. One was not married. One was married without children. The other one was married with the one daughter that I referred to, that was considerably older than I. So on both the maternal and paternal sides, the cousins for whom I had great affection and admiration, were a son on the maternal side and a daughter on the paternal side.

My father had a sister who died, and had, I think, eight children. But in parts of my life, I would see them, but not as frequently as I did the other two cousins. So I think my only reason for mentioning this relationship is that I was really in a very adult world. I think I'm being repetitive.

LaBerge: No.

Hemphill: But that's more or less the way I see it. So in growing up, I mean these two particular cousins, would often on Saturday, particularly my female cousin--

LaBerge: What's her name?

Hemphill: Was Loretta Vett. Loretta Monahan Vett. When I was nine, ten, eleven, twelve, in that age group, on Saturdays, she worked and she would take me out. We'd go to lunch, and to the park, or to a musical, or to a movie or something. Then that was also true for my male cousin. Not together, but at different times.

LaBerge: Any special memories, like family traditions or Christmases or Sunday dinners or something like that that you had?

Hemphill: Oh, yes. Always Thanksgiving, Easter, Christmas, on the maternal side. My mother and her two sisters and my grandmother and grandfather were the gathering. You know, the Christmas Eve for the gifts, and Christmas Day dinner was always at my grandmother's. All these events were usually at my grandmother's.

I was in a very loving family. I was never really feeling lonesome or anything but secure and content and happy.

LaBerge: You told me a little bit off tape about your dad and the influence he had on you. Maybe you could tell me a little bit about him now, what he did and--

Hemphill: He was in the furniture business. As an owner and proprietor, his hours were set by whatever his work would allow, so that a great amount of my life was spent in--. Weekends we would go up to the Russian River, to Lake Tahoe, or to Carmel, Monterey, San Juan Capistrano, but that was a good part of it.

LaBerge: Sort of as vacations, or as part of his work to go--

Hemphill: No, it would be pretty much that my father and mother would pick me up at school Friday afternoon, and then we would just go away for the weekend. Summer vacations were also spent at Russian River or Yosemite. We had a house in Sausalito. I can't remember when we did not have a car. [laughing]

Notre Dame School, San Francisco

LaBerge: Would you have two cars, for both your mother and your father?

Hemphill: In grammar school, yes, but I don't recall the earlier years.

I went to Notre Dame Convent across from the Mission Dolores, because I had a grand-aunt that was a nun. In fact, a great grand-aunt that was also a nun, in the order of Notre Dame de Namur. So that was more or less the idea that it would be a good education for me. My grammar school years I spent attending Notre Dame Convent at 16th and Dolores. My father would drive me to school. That was sort of the tradition.

LaBerge: And then would your mom pick you up, or was there a bus, or--?

Hemphill: Pretty much, and as I remember my mother would, or later, you know, as you get older, fifth, sixth or so grades, I would go home on the streetcar. But usually every morning, my father drove me to school.

I've always felt very grateful for having had a convent education. In the years in which I was growing up, the nuns were very focused, very dedicated educators and disciplinarians. When I think of what I hear from my friends' children today and what I read about going to school and what it was like in my years of saying, "Yes, Sister," "No, Sister," [laughs] and I'd better shape up. My education was very rich and directed.

I also have many memories of my mother and father being active in the school, parent activities. The nuns always knew how to reach out as well and get what they needed from the families. My dad being in the furniture business, you know, it would be chairs or carpeting or linoleum donated. "Now, dear, you will ask your father, won't you, if he wouldn't like to give us--?" [laughter] Whatever it was, a fern stand or chair or desk or something. So my father was called frequently.

My mother, having a car, was called on frequently to take the nuns to the doctors, or on school outings. So my family were very active and involved in the school. I don't mean to the exclusivity of others, because my classmates with like situations were also very participatory.

LaBerge: And was that your parish church also, Mission Dolores?

Hemphill: Yes, for a time. Then we moved down to Dolores Street near the school, as I remember, I think when I was about three to eight or thereabouts. Then we moved and bought a house up on Dolores Street and Jersey, right at the top of the hill and that's where I lived mostly during my high school, latter grammar school and high school days. Then we were in St. James Parish. We subsequently moved to the Marina.

LaBerge: Where did you go to high school?

Hemphill: Notre Dame.

LaBerge: Which is in Belmont, or is there one here?

Hemphill: No, it's here also at Dolores Street. In seventh and eighth grade and during high school, I had significant health problems. In my freshman year of high school, I attended sporadically, maximum four to five months of the year. So then I would have to go to Drew's, which is a coaching school, and make up the rest of the year. I would do that in the summer. Then the second year of high school, there were equal problems. I would be at school a few days, and then I would be ill. I had stomach and gall bladder trouble. So I used to have gall bladder drainages and lots of other tests. The recovery was not easy. So that was stressful, and I was in not very good health.

For the third year, I would go to school when I could, and then--everybody understood it--but that didn't release me from having to complete the year and the studies. So that I would then try to, and my parents would see to it, that I would stay with my class. That was important. But then I'd have to work harder, and I would have more individual tutoring, in order to keep up. I would try to do assignments when I could, they would send home homework, but it was hard not to be able to attend the classes.

LaBerge: Right, and to have the interaction with friends.

Hemphill: But the senior year was a full year for me. I kept in touch with the classmates all of this time. In fact, one of my very good friends, I saw the other night. Delia Foster and her sister, Eileen Woodhouse, both live a few blocks from here, and she was a classmate of mine. We went through grammar school and high school together. We saw each other the other night, and we were ruminating about what it was like.

We all tried to do sports, basketball and tennis when I could, and be involved in debates in school, and do all the things that I could do when I could.

LaBerge: Was the high school all girls?

Hemphill: All girls.

LaBerge: But the grade school wasn't?

Hemphill: The grade school also. They had a boys' school, but never the twain met. Actually, I received my Communion and Confirmation and graduation and everything at Mission Dolores. I have a very close association with it, and always have, because the school was across from the old mission. So we used to go to the mission frequently. It was a great thrill to be able to go over to the cemetery to see who was resting there. [laughter] It was very historic.

The nuns were very focused on California history as well as American and world history. Then even today, just coming up, I'm very pleased to be on the board of directors and the executive committee for the restoration of the mission, which is under the aegis and sponsorship of Monsignor John O'Connor, who is very admired by the entire community. It's a project that is very dear to me, and I think it's nostalgic to be a native Californian. I've always had great affection for all the missions. I like to visit them frequently, and walk back in time.

But though I had to be intermittent in school, I always kept up with my classmates as much as possible, on the telephone or by visiting. In my class, my parents were always very hospitable, so that class parties, not just birthdays but Halloween, Valentine's, my house would be where the parties would be. And for some of the other classmates there were more children in the family, and they didn't have that opportunity. Also my grandmother and my aunts and everybody always liked the young people. So that gave me, I think, so many friendships and close associations, that there was always time, everybody seemed to have time, to help or to be involved in the younger people, in events and parties.

LaBerge: It sounds like a very rich childhood.

Hemphill: But you know, sometimes I think, Was I ever young? In my age group now I reflect back, my youth had a great influence on me. I loved my grandmother, particularly my maternal grandmother, as I mentioned, and my aunts. I spent a lot of time with them during the school week. If my parents went away, or my father, on business, very often I would stay at my grandmother's Monday through Friday. She lived near Twin Peaks, so we would walk up the slopes and have picnics on the side of the hill. In

spring, the poppies were abundant. It was a blooming garden in the era that I knew.

My grandmother also had a very nice backyard, and I had a playhouse in the backyard that my grandfather built. Then friends would come from school. Then in my grandmother's neighborhood, there were also other younger children that I would know, aside from my schoolmates. So my grammar school years were very happy years, and lots of fun.

Then going back to my mother's sisters and their husbands--they would take me out on weekends, so I was always shared, it seemed. I have some very happy memories.

Choice of Health Care Field

Hemphill: As I mentioned in about the seventh and eighth grades I started having health problems. So that it was harder to keep up with not feeling well, and also at the same time wanting to. Under those circumstances, I would never have thought, as I look back and think of all the classmates and all the people with whom I've gone to school and remember, that I would certainly never have been the one that anyone would have guessed would have had a career. [laughs] Nor can I believe it still. It just shows what a role fate plays in your life, being at the Right Time in the Right Place and the Right Situation. But as I look back, I can always think of all the students that were smarter than I, or more adept.

It was a very interesting thing, because as I reflect on it, though others would spend a year and have good grades and whatever, but I could go to the coaching school and come out with great grades. So maybe that says something that I did well rather under a guided situation, because I was so intent to keep up with my class, so that I wouldn't have any trouble studying. I would come out with A's. But as I was plodding along and trying to keep up, it was very difficult.

LaBerge: Oh, I'm sure it was.

Hemphill: And not feeling well.

LaBerge: And to keep up even the desire to do it when you're not feeling well. Do you think that your illness affected your choice of the health field?

Hemphill: Oh, very definitely. I just was driven to the idea that I should be in the health field, oh, as far back as I can remember. I always was interested in it, but I really didn't have any major illness--oh, chicken pox and the usual illnesses that children have, but not until it was in, as I said, about the seventh and eighth grade that I started to have to see doctors.

But in any event, it definitely influenced my choice of profession.

LaBerge: Were you always interested in science in school?

Hemphill: I did well in science. In biology, and general science. I was always interested in it. When I would go to catch up in the summer school or at another time, whenever I could, I did quite well in that. So I think I would say I was meant to be in the health field.

Influence of Mother's Family and Religious Background

LaBerge: I wondered if you'd like to comment on how you view a women's education, going to school with just women, what that value is for you.

Hemphill: I guess I have nothing to compare it to except when I would go to Drew's coaching school, I was with girls and boys, and even very often older--people that were in their thirties or more, who were taking special courses. But the classes were never large. I think probably the most ever in any one class was ten, but maybe there would be four or five boys. So from that point of view, it would be my only real experience with coeducation. But it really never had any effect on me. I honestly think that often in the formative years, it's very good for girls to be educated with other young women.

When I was in grammar school and in high school, I was given many opportunities by my parents to take swimming lessons, sewing lessons, piano lessons, horseback riding, anything I was interested in. The fact that I was never a winner [laughter] speaks volumes. But in latter years, my father used to say, "Too bad we didn't give you cooking lessons. It might have worked." [laughter] Because I've never cooked in my life, and I never liked it. My mother never liked to cook.

LaBerge: Oh, really? But she did it?

Hemphill: She did it, but she never enjoyed it. We ate out in restaurants unlimited.

I also mentioned that in parts of my early life, that my mother was active in business with my father, so that I also would stay with my grandmother at her home during the school week. My parents would be out, and they had lots of friends, and they were very social. My mother's sister lived with my grandmother and they were good cooks. So that part was fine, but I never stood by the stove or learned to bake cookies or cupcakes so that anybody said to me, "Oh, make some more."

LaBerge: Well, that must have been an influence, too, for you to see your mother working with your father, that she wasn't a housewife at home all the time.

Hemphill: No, that's true. As I mentioned, she did a lot of things for the nuns. My mother went to school to the Daughters of Charity, and so did my grandmother, which are the Seton Hospital nuns. My grandmother was religious. I have always been happy that I've had a religious education and background. I have found it resourceful in so many ways, in latter years now and during my career. My religion has always been a great support to me. I don't mean to imply being goody-goody in the sense of halo-ish or anything, but I feel I have needed my religion probably more than it ever needed me. It's been a stalwart for me.

My husband was not a Catholic. But we were married in the Catholic church. Whenever we were traveling or wherever we were, it was never an obstacle but it was an accepted fact that I would go to church. I do my thing, and he'd go maybe twice a year. But then sometimes he got busy on those twice a years. [laughter] I said, "You know, you should have gone with me ninety-six times, and I don't think you made it nine times." [laughter] In any event, it was never an issue.

During my whole life, I have kept up with the nuns. Today, we tease them about being so strict. "You were witches, you were terrible, and we're so grateful for your discipline." From the time I graduated from high school, we have a group that have been close together. We used to model in fashion shows for alumni events. We call ourselves the "Has-Beens." From the time we left high school we're still together and help to support the retired nuns. When I say support, give a contribution to the retired nuns. Each time we meet, we take up a collection, and then annually we send it to them.

In the era that we went to school, they did not have any money of their own. They did not have Social Security, they

didn't have any of those support systems. We were always so appreciative. We really had great affection and love for them. We have our favorites, of course.

Oh, I can remember having a dialogue, which was intense, with the deceased congresswoman, Sala Burton, on education. She said that they wanted more and more government money to be more supportive of education, and she said, "And do you know, that these public school teachers have to have thirty-five students in a class!"

I said, "So?"

"Well, they just can't take care of thirty-five students."

I said, "I was never in a class under thirty-five students with the nuns. All my life we had at least that, in every class."

Sala Burton said, "Well, times are different."

I said, "The public school system should be more frugal. Religious education was a bargain by comparison."

To summarize, I benefitted, and I felt a winner at having the opportunity for going to school at the era I did and to receive the basic moral teachings, the integrity, the importance of honesty, and being forthright, and the religious aspect. I didn't feel superior, but I just felt appreciative.

Dad's Influence

LaBerge: Let's talk now about your dad's influence. One of the things that you've said is he taught you that bigness is not greatness. Can you comment on that, and tell me a little bit more about him and those influences?

Hemphill: My father was a great influence on me, and he was also a very kind, happy person. His idea of giving me a lecture would be something like, "Now, you know, I love you very much, and I want you to have a very happy life, but you must understand that what you've done is not right. I cannot be proud of you." It was very much a one-on-one. "You may do these same things and I'll never catch you doing them. But when I do, I want you to understand, you have to live with yourself. You must know, if I tell you that's not the right thing, that I have lived

longer, know more than you do, of what is right and wrong, and you will be glad ultimately if you listen to me."

My parents smoked. My mother smoked for a while. So my dad would say, "If you're going to smoke, you let me teach you how to smoke and enjoy it. Don't think you have to do it behind my back, or our backs. Because then you'll always have a guilt complex. So I hope you won't smoke, but if you are going to, then you must learn to enjoy it, because that's the only reason people should smoke." So I never have had a cigarette in my life.

LaBerge: Oh, you're kidding!

Hemphill: Never. No. And the same was true in having parties, especially when we were in the third or fourth year of high school. He was always smiling and happy, and spoke to everybody on their level. It wasn't a parental situation. He was just an exceptionally jovial person. Loved to dance, loved music.

Wine wasn't that much, but he would make Manhattans, particularly for the boys. There was a buddy system that my father would, before we would start the evening--he was really an entertainer as well. So he would say, "Now, remember, when you came to the house tonight, that your parents trusted Bernice's mother and me. Therefore, I have made these cocktails, and there's only so much that's been made. If you don't have any, then there's that much left over. But I am responsible for all of you, but I want you to try it and to taste it and to see how you like it. No one will get too much, because Bernice's mother and I will be watching you. Enjoy, but there are limits. And let me know if I am a good bartender."

And of course, some of the girls would indulge, but generally you'd find that my father would be out in the kitchen and the group would gather there. [laughing]

LaBerge: Right. I'm sure they loved to come to those parties!

Hemphill: They just loved those parties. He wasn't a disciplinarian, but he had a way with him. He'd say, "That's it." I guess every girl likes her father, but mine was very beloved by everyone, and particularly because he always had something happy to say. Never in my life did I ever hear him say an unkind word, about anyone or anything. My mother would say to me, "When your father comes home, he's going to give you a lecture about all this." And that was the kind of lecture I'd get. I think my mother would eavesdrop later. On occasion, I'd hear her say,

"What kind of a lecture is that? She's not going to understand you at all."

He'd say, "Well, you did your bit, and I did my bit." And that was it. That was the way it was. I don't mean to imply that we didn't have unhappy days, like everybody, or I did things and then I didn't get caught. But my mother was far more the disciplinarian.

She was also very giving. I think that's probably where I learned I really like to give of myself. We all like to give things, but I like to do something to help somebody. But what I learned from my family was never to be selfish or self-centered. I learned all about that when I got out into the business world.

My mother-in-law, my father-in-law, were also very much the same mentors, so I feel I was very lucky with family. It's nothing I did. I was just fortunate.

LaBerge: Do you think growing up, say, in an adult world, made you more mature?

Hemphill: I really feel that's true. I certainly don't think it would be the same necessarily for other people, but being an only child gave me a different perspective. I think in some instances probably I missed a great deal of the camaraderie and sharing of having sisters and brothers, more laughter and fun and sharing, I don't know. I just lived what I lived, and I guess that's the only way I can explain it.

Training as a Bioanalyst

LaBerge: Tell me, then, after high school, how you got your training as a bioanalyst. Is that the right term?

Hemphill: Yes. At that time, there was a debate as to whether I might go to the College of Notre Dame at Belmont, or what I wanted to do. To back up a minute, from the time I was in high school, I was interested in the clinical technologist program at the University of California affiliated colleges in San Francisco. You would take courses along with doing the practical laboratory work. It was difficult to get in, because they only took very small classes. I applied, and was accepted.

I took courses on the medical and Berkeley campuses--bacteriology, chemistry, parasitology and others--but it was

all a part of getting ready to take state examinations to be certfied as a clinical laboratory bioanalyst, which meant that you could own and operate your own clinical laboratory.

Meeting Charles Hemphill

Hemphill: Charles and I met at UC. He was a dental student, and I was a student technician. Now they call them technologists. We were doing research projects with the medical and dental students. That's how we met.

LaBerge: Were you taking the same class?

Hemphill: No, I was doing laboratory work as part of our apprenticeship. We had apprenticeships of different sorts. The students would come in, and we'd do blood work and basal metabolisms on them, and so forth. As students, they had to have this work done, some of which was for research purposes.

I did a basal metabolism on Charles. He always said I took advantage of him as the test required his being attached to a nose and mouth piece and it was difficult to breathe. [laughter] We started dating shortly thereafter.

But anyhow, that's where we met. We attended a lot of his private fraternity parties, the movies, the usual courtship activities. I took my state exams. He graduated from dental school, and started to practice in Oakland.

LaBerge: Were you married when he was still in dental school, or after he finished?

Hemphill: After he finished.

LaBerge: What year were you married?

Hemphill: We were married in '39 and he continued to practice until December of 1940. With the war looming, he decided to take the week-long navy dental exams, which were academic and physical, and passed them. He didn't just go in on the reserve, but as a regular navy dental officer. He didn't know if there was a war, how long it would be, and he drew a low draft number. If you have to quit your practice it was wise to protect yourself by having this examination.

So in February of '41, he went back to Washington, D.C. Prior to this time, he had had infectious hepatitis. This was due to his having to diet a lot to get past the navy physical, and he was practicing, and apparently picked up hepatitis from a patient. Then I got it from him, and was ill for about three months. This affected me, because I'd had so many problems with liver and gall bladder in my earlier years, that I was ill for three months in the hospital.

LaBerge: And you're here in the hospital, and he's in Washington, D.C.

Hemphill: Yes. My father again helped a lot, to close Charles' office, his office. He had such a short notice from the time he passed the exam--away you go--and yet he had a practice and he had to close it. Nobody wanted to buy a practice at that point.

LaBerge: I'm sure.

Hemphill: So it was an era of a lot of travail and stress.

LaBerge: Did you live in Oakland?

Hemphill: Yes. I worked at Merritt Hospital in the lab there. After I took my exams I worked in a clinical laboratory. When we decided to marry, I went to Oakland to live, because Charles was born and raised in Oakland and practicing there.

That was in an era when we married, my mother, a native San Franciscan, thought I was marrying "a foreigner." [laughter] I was going all the way to Oakland to live. Remember, the bridge had just been built. And who goes to Oakland, unless you're going overland to New York or somewhere.

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II WORLD WAR II, HAWAII, 1941-1943

Early Marriage Years, 1939-1941

LaBerge: You were starting to say something about Charles. He was in the navy and you were ill.

Hemphill: Charles was in Washington, D.C. for indoctrination and training from February until June. He graduated--what they call graduating--from the courses and was assigned to a ship in Bremerton, Washington, the *U.S.S. Utah*. I just was getting out of the hospital, so my father suggested that I go back for the graduation, and then come cross country with him. Wherever he was to be, I would follow him. To all intents and purposes, I was now to become a housewife. [laughter]

We came cross country by train, and got off in Asheville, North Carolina. Charles' father and mother were the only two of their large family that had ever left the state and settled elsewhere. All the relatives from both sides of the family came out to greet us. It was like a convention. They all came running. No one knew what we looked like. They had not seen him since he was in his teens, and they didn't know who I was. But anyhow, we had a fabulous three days, and I got adopted into the other part of the Hemphill-Davidson family. We then got on a train and came back to San Francisco.

LaBerge: Had you ever been out of California before you did this? That was quite an experience.

Hemphill: That was my first cross country. That was real fun for us.

When we came here, my parents were living in the Marina, and we stayed with them. His parents lived in Oakland by Lake Merritt. We stayed with both families until it was time to go up to Bremerton, Washington. We had our first car when we got

married. That car was left at my parents' house while we were back East. We took the car and went up to Bremerton, Washington.

Charles was there from June to the end of September. Then the ship sailed for the islands. I came home. We thought the ship was just going to sea. We didn't know what was going to happen.

Sailing for Hawaii, 1941

LaBerge: That must have been very difficult for you, having him go away.

Hemphill: Yes, it was. It was new to me. I thought you got married, and lived a routine.

When the ship berthed in Honolulu, which was about the first part of October, they found out that it was going to be in dry dock for three months in Honolulu. So my father said, "All right, why don't you go out to the islands and be there until the ship sails for the South Pacific?" Which I did.

I sailed on October 30, which was Charles's birthday, on the *Matsonia*. That was the era to sail, to go to the islands.

LaBerge: And you'd never been there.

Hemphill: I'd never been there. So that was a great day.

I got to Honolulu about--I think it was the fifth of November. He had gotten a furnished apartment for us and had bought an old car, so that we would have transportation for three months. It was a Studebaker, a two-seater, if you can ever remember, one of those high cars.

LaBerge: I do.

Hemphill: Someplace I think I might have a picture, because it's unbelievable. The wires for the ignition crossed, and you turned these wires to start this car. [laughing] Anyhow, Charles made $262 a month and it had to be stretched.

I had worked as a technologist at Merritt Hospital while he was practicing, trying to get started. You go in big debt for an office. So we were just on our own. At least, it was important to us to be on our own.

When we had to close the office, we were in debt and that was a big problem. Then I was ill, as well, so we really had to watch our pennies.

I guess we could pick up December 7 and all it meant on the next time around.

LaBerge: That sounds great. That's a perfect way to stop.

Hemphill: But maybe I could go on, just a little bit. Of course, I didn't know anybody. We would try to meet people on the ship. At that time, there were only two women that I knew who were married to officers on the ship. They lived in different parts of the island, and to get around wasn't that easy. So we just spent quite a bit of time exploring--just on weekends, of course, because he worked, practiced dentistry, all the other time. But on weekends, we would just try to go to various parts of the island and get acquainted with it.

I did not know anyone who was a resident at that point in time. As we go onward, it was a transition in my life, when Honolulu became my home for more than two and a half years. I met all the natives, because my friends became more nonmilitary. After December 7, all the wives and children were sent home, unless you had what was known as vital defense work. To be continued, but the blood bank was really vital defense.

LaBerge: Yes.

Hemphill: So therefore, I got to stay in Honolulu.

LaBerge: I can't wait for the next time.

Reminiscences of Family Outings

[Interview 2: January 13, 1995] ##

LaBerge: The last time, we almost finished covering your childhood, but we'd forgotten to talk about your outings with your uncles and your father, and about your mother. So maybe you want to start with those outings.

Hemphill: I had a very happy childhood. I was more or less surrounded by adults, but also, of course, had my friends at school, and friends that would be the children of my parents' friends. So there were always the usual outings.

My uncle was very fond of basketball, so I used to go to basketball games with him. My father was interested in baseball, football. So I always went with him to sport events.

LaBerge: Are these the [San Francisco] Giants, or USF [University of San Francisco]?

Hemphill: No, the Seals baseball, and college football, particularly University of California, Stanford, St. Mary's and [University of] Santa Clara. I always had my favorite team.

Also, I used to go roller skating with my uncle.

LaBerge: Where would you do that?

Hemphill: At the rink which was out by Golden Gate Park. I think I did mention horseback riding. It just seemed like there wasn't anything I didn't try. [laughs] I wouldn't ever win any competition. But I would enjoy these experiences anyhow.

LaBerge: What was your uncle's name?

Hemphill: Thomas Pendergast.

From my earliest remembrances, we as a family unit had a car. I know one was a Studebaker, and I think a Buick, but at that time, I wasn't that much aware. But in any event, we never lacked the transportation. Of course, there were still streetcars that were in great service, and clean and neat. Everybody seemed to be very accepting and liking the city transportation, as I recall it, mostly streetcars.

LaBerge: How about the Golden Gate bandstand?

Hemphill: On weekends, often if my parents were out of the city, I would go with my grandmother and my uncle and his wife to Golden Gate Park, particularly for the playground and also to hear the music at the bandstand. And out to the beach, and Sunday lunch at a restaurant somewhere, either in the park or nearby, or in Market Street area. Or, on picnics. I remember referring earlier to picnicking with my grandmother on the slopes of Twin Peaks, with all the wildflowers in the spring. That was a very wonderful era to remember. There were not many people, but it was so near where my grandmother lived that we would just walk there. Have a day outing and run over the hills. Really the best of all worlds, it seemed at that time. I was happy. And of course, my grandmother would bring friends, children of my age group as well.

She also was a very talented person. She liked cooking and sewing--the house environment. Everything had to be squeaky clean. [laughter] I think I mentioned that this aunt and uncle, Rose and Tom Pendergast, lived with my grandmother, so that was sort of another family unit that I had.

We always went to the circus, and any event that came to town for young people, children. I was an only child, but my mother and I were really very compatible. She was very energetic and had many interests in the community, many organizations that she belonged to. We enjoyed going to movies together and to the theater, the Alcazar and the Curran--[telephone interruption]

LaBerge: We were talking about your mother, and that you were compatible. Tell me what her community activities were, besides driving the nuns places.

Hemphill: She was very involved with Catholic organizations, like the Young Ladies Institute, Catholic Daughters of America, and the Madonna Residence for the elderly, and civic organizations like Native Daughters of the Golden West and the Women's City Club, and political activities.

But these were all organizations helping people. As I say, my father also would be involved in similar activities, church or business.

LaBerge: Knights of Columbus, or something like that?

Hemphill: Yes. And also political organizations.

LaBerge: All of this must have had an influence--when you see your parents doing those things, you either don't do them or you do do them.

Hemphill: Volunteerism, yes. I'd say that they were very identifiable with volunteer causes, which were very dominant in our life then.

LaBerge: So did you do something when you were in high school? I know you were actually sick for a lot of it, but did they have volunteer things that the girls went out and did?

Hemphill: Yes. There were always bazaars, tickets to sell, chances to take to help the school, the convent, or the church.

But coming back to my mother, as I said, we were very good friends and enjoyed shopping together. She was of similar stature and size so that when I was in the latter years of high

school and after high school, we would wear the same shoes, same size clothes, and whatever. She was like a sister in many ways. So that was a good experience.

Though I know I didn't refer to it previously, this was the Depression era of which we were all very much aware. My family also had financial reverses as the stock market crashed. Being with older people, I'd hear the conversations. I was always interested in what they were interested in, and always asking questions if I didn't understand what it was all about. I can remember my mother, and particularly my father, explaining business to me. I think that was definitely to my advantage, and gives, I think, a more mature focus on what's happening in the world around you.

LaBerge: You probably knew more about what the Depression was meaning than other kids your age.

Hemphill: Well, yes. I can remember all the photographs in the newspapers, and the poverty, and the soup kitchens, and long lines, people not working. And then of course, later years was the CCC [Civilian Conservation Corps] camps. But for all of those entities, I knew what the goal or the purpose was for them, and how it was meant to help people. My mother and father were involved in all kinds of civic and community activities.

LaBerge: That's good to hear that, because there's such a link then to your own life and what you've done in the community. Because we want to talk about that, too.

Hemphill: We didn't call it volunteerism in that era at all. It was just all a part of the whole. But as I reflect on it now, the perspective today is: you do your professional work, and then you volunteer. Back then it was all interwoven.

LaBerge: Just a part of life.

Hemphill: Yes. Always planning events, always some project. [laughs] What everybody does in today's world is just what we did then, very similar.

Pearl Harbor, 1941

LaBerge: Why don't we jump to Pearl Harbor, where we had left off?

Hemphill: Well, the night of December 6, Charles and I were out at a dinner dance at the Officers' Club with many other officers and their wives. It was a beautiful evening. It's the kind of thing you see in movies. I can recall seeing a movie with Cary Grant or somebody, looking so gorgeous and handsome in his white navy uniform, and of course, that's the way it was. I couldn't believe I was actually there. It was just ethereal. It was such a magnificent, beautiful evening, a wonderful, happy time.

We got home about one o'clock in the morning, and then we went to bed. I set the alarm, because we were going to go around the island, around Oahu, for a long day. I got up about six-thirty and went to seven o'clock mass in Waikiki at the Roman Catholic church. Mass was over about seven-thirty. We lived not ten blocks from church. So I drove the car along the Ala Wai Canal, and turned on to Lewers Road, which was the street where we lived, in a small studio apartment.

As I turned off the canal onto Lewers Road, the car was hit with blasts of concrete and cement broke the window. I didn't know what was happening, and couldn't fathom what was happening or what was falling from the sky. We lived less than a half a block from the canal on Lewers Road, so Charles was standing on the sidewalk, waiting for me to come back.

He ran up and said, "Pearl Harbor is being bombed, and I need the car. I have to get to the ship." There was a big hole in the street, and the cement and concrete had just shattered. Neither one of us knew what had happened, at that time.

We found out later that it was an anti-aircraft shell that had been shot off probably from a nearby fort because the army had been on maneuvers the night before, and went off maneuvers at midnight. We had been used to seeing sandbags and trucks moving back and forth and personnel, but it was not in the sense that they were focusing on any potential attack. But we learned all this subsequently.

So Charles took the car and said, "Bern, I have to get to Pearl Harbor, I don't know what's happened, here's five dollars." [laughter] So that was my subsistence, for how long I did not know. We were living on $260 a month, so five dollars was significant. [laughs] It didn't seem like it when I had to subsist on it.

Everything we were doing was with no meditation, just being expedient. He also said, "Get in the house, listen to the radio, don't go out, take care of yourself, until we know

what's going to happen." So I got a big kiss, and away he went. All of this took place early, before eight o'clock, on December 7.

So I went in the apartment, and the radio was on. Oh, by the way, I forgot: he had shaving soap still on part of his face going off, [laughing] waiting for me to bring his car back, which he needed. Anyway, I went into the house and listened to the radio.

I listened to it, and oh, the song they were playing was --I can't even spell it, you wouldn't even know about it--"The Boogly Woogly Piggy with the Oink Oink" and "The Beer Barrel Polka." Of all the things to be listening to! They had the records, and that's all this radio station would do. Then it would come on with, "Pearl Harbor is being bombed. We don't know the details. Just keep tuned."

I guess I sat there for at least a couple of hours listening, being concerned about Charles and the island and what's happening.

LaBerge: Because he was going down to Pearl Harbor as you are hearing it's being bombed.

Hemphill: Being bombed, yes. Many of the officers and enlisted men aboard his ship were killed. The ship was sunk.

LaBerge: Oh, my gosh.

Hemphill: If I had not been in Honolulu, and many of the other personnel wives were not, he would not have been sleeping ashore, and killed when the ship was bombed.

LaBerge: You were his savior.

Hemphill: He was off the ship; it was fortunate.

Apparently, the Japanese had mistaken it for an aircraft carrier. It was a battleship but they had a lot of planks aboard, because they would use it also for targeting practice. The Japanese apparently dive-bombed it, like they did the *Arizona* and the other ships that were in the harbor.

But Charles got out to the ship, went to the dock where you would normally get on the boat to go to the ship, and there was confusion still, bombs dropping. It was just absolute pandemonium. There wasn't any order or organization about anything. People in the water, people off the ships, trying to

swim to be saved, wounded everywhere. What I'm relating now is what I learned from him and from others subsequently.

But I am sitting at the apartment just waiting, what does one do except--what can I do? I'm not exact with the time, but at approximately ten o'clock, the governor came on and said, [in a gasping voice] "Everybody be calm. Be calm!" [gasp] [laughter] He was hyperventilating. Just in a panic. "We can't tell you much except that we know that there's been great loss of lives and great damage to the islands and to our ships and fleet." As soon as he finished with this, "We'll keep you informed, keep your radio on for all further information, stay in your apartments, don't go out, just be calm and patient."

Appeal for Blood Donors from Queen's Hospital

Hemphill: Then an appeal came on the radio for blood donors, for people to go to Queens Hospital. I had no idea where Queens Hospital was, because I wasn't working yet. I was there to be with my husband until such time as the ship had been overhauled and they were going out to sea. I knew the main street in Waikiki, Kalakaua Avenue; we were only about three blocks from Kalakaua. I walked; I decided, I could be a blood donor. So I would do that, even though they were saying stay in. It was sort of inconsistent, and they didn't expect people to be on foot as much as maybe if you could drive, or if you were near there, give blood. But blood donors were needed.

I went up to Kalakaua Avenue and just stood on the street and [laughter] thumbed a ride. Of course, all cars were going in the direction of Pearl Harbor, because so many of the service people would be going back to their duty stations. Traffic, ambulances were going in that direction.

A man stopped. All I knew was that he was an army officer. I must have looked panicky. He said, "Where are you going?"

I said, "I'm going to Queens Hospital, but I don't know where it is. I know it's that way." [laughter] That's all I knew; it was downtown, and we were out in the beach area.

So he said, "I know where it is, and I'm going near there. I'll let you off, and you can walk up three blocks."

Fine. So he took me, and I got off and went up. By that time, then, it was near eleven o'clock. There were hundreds of

people standing in line to give blood. So I stood in line with everybody else, and did that for about an hour.

The line was not moving. Nothing was happening. I thought, well, being a laboratory bioanalyst, maybe I could do something in the laboratory. I was curious; I wanted to see what was going on.

I went up into the laboratory. The only people in the laboratory were people who worked there normally. They had been able to get in to work. They by this time had gotten the word: Go to the hospital--which would be the logical thing to do. So then I signed on, and just watched to see what everybody else was doing.

LaBerge: Did they question you, like what's your background, do you know what you're doing?

Hemphill: No. I could have been anybody. What could we do? There was no order. If blood donors are needed, then obviously people are wounded. And therefore, somewhere in the hospital, they were bringing patients in to the hospital. There were also military hospitals elsewhere, not in downtown where we were. So the appeal for blood donors was for the military who were wounded. Whatever the hospital facilities had been prior to Pearl Harbor--we're talking about civilians receiving blood transfusions--at that time to give a transfusion, it would be a donor on one bed and a patient on the other. There would be a direct transfusion given to the person.

So the hospital's preparedness would have been primarily for the number of transfusions they were giving in a week, and that would be three, four--that was about it. Because this was not the blood banking era. This was just the idea of giving a direct transfusion.

Now, this being 1941, in the medical literature, there were very few articles on hospitals in the United States that may have set up a blood bank for their own patients--

Blood Collection Techniques, December 1941

LaBerge: You were talking about the Cook County Hospital in Chicago.

Hemphill: In Chicago, Illinois, which was a county hospital, large metropolitan county hospital, there was a Dr. Fantus who was known to be pioneering the storage of blood; you could put in a

preservative, take blood from a person and store it for three to five days at that particular time. So that was written up. I am saying that the people at the Queens Hospital, doctors or laboratory pathologists, were aware of this concept. But as far as Queens Hospital was concerned, it did not have a blood bank, or was not pioneering one.

The civil defense, which was a federally-funded agency, and the chamber of commerce in Honolulu, had started a plasma bank early in '41. They stored over 200 units of plasma. They had some units of liquid plasma in Florence flasks that had been a project, but it had closed shortly before Pearl Harbor for lack of community support. This reserve of plasma was primarily used for burn patients.

I'm diverting here--but to come back to Pearl Harbor Day, not knowing any of that information, what I knew about blood transfusions would be my own experience, from having trained as a laboratory technologist, that hospitals were not profusely using blood transfusions at all. It was something that, when you needed it, the surgeon or the doctor would get family donors and bring them in and try to get compatible blood for the patient.

I had watched procedures in the hospitals in San Francisco, and did not know what Queens Hospital did, but probably few transfusions. How do you put all of this together? Maybe somebody who works in the hospital is willing to give blood, but all the people are out there on the grounds waiting. Who is going to be in charge to do what here, and where are the blood donors coming from, who is going to be blood typing them, who is going to be doing a serology test for venereal disease, or the normal procedure that you did for a hospital transfusion? We had limited knowledge at this time.

We tried to see where we could fill in. Then the military started to come in and said they would send a certain number of people that they could dispatch.

There were still all of the other people out there. They were trying to draw blood with what equipment they had. Meantime, some of us were on the telephones to the pineapple and sugar plantations and the universities, because they all had ongoing research programs, had laboratories, with glass bottles and various types of equipment, rubber tubing, new needles, many other things. Other hospitals were asked for whatever equipment and supplies they would have.

Queens actually became <u>the</u> hub for people to give blood for processing, and then to distribute to whoever needed it, if

they happened to be at Queens Hospital or military hospitals or other hospitals.

Blood Typing and Testing

Hemphill: I spent most of my time of that era doing blood typings and serology tests. There were lots of willing workers, but there weren't that many people that knew the laboratory techniques. But anybody could do a support system. You'd say, "Well, take these slides and label them, or do this or that," but I would do the test and then do the reading. And someone else, say, would label it. So we sort of found our own level of involvement. But you just did whatever had to be done, everything. There was no order of who's in charge of what. We were all finding a way to do what had to be done at the time.

LaBerge: Tell me again what a serology test is?

Hemphill: A test to exclude venereal disease.

LaBerge: Okay. So on that day of Pearl Harbor, all hundred people lined up didn't give blood?

Hemphill: No. I don't really remember how many people gave. Nobody kept a log or a diary. But there were just as many as we could get supplies for. Also, remember, we bled in bottles, not today's modern world. You had to make your own preservative. Everything had to be washed, sterilized, the preservative made, sterilized, rubber tubing, needles, all rewashed. So as many bottles as you could get, as much preservative as you could get, that was what you had to work with.

We were using the containers from intravenous solution and making the preservative, and sterilizing those bottles, and collecting blood, a pint in those bottles. That's what we were doing. Primitive. What we tried to do was use the technique that they had been using whenever somebody needed a transfusion at the hospital. Which at that point was a patient on one bed and somebody on the other bed; but now that was not possible. We knew that we were going to have to collect and "bank" blood. There hadn't been that much drawn and available for transfusion.

But what we started to do concurrently was to blood type people who were willing to be blood donors, so that when we would get geared up, we would be able to have a source.

LaBerge: And call them.

Hemphill: Yes, and call them, or reach them through their company or where they worked.

Curfew and Wartime Conditions

Hemphill: Remember at this time, it was December, it was winter on the islands, what everyone thinks of as winter on the islands. The authorities decided they didn't want lights on the island. Because we were concerned about getting rebombed, because whatever we knew about bombing, we knew from what was happening to the British, what the Germans were doing. That was our only knowledge of that war. There was much confusion and dismay until President Roosevelt declared we were at war and then there was much more communication, cooperation, and collaboration between all agencies involved in the war effort.

This is the way we were working, anyhow, day in and day out. They didn't want lights on, so when it became dark, we had blackout. We couldn't go home, because the military, the army and the marines and navy, everybody was told to stay where you were, not go out. Families, stay home.

LaBerge: So there was a curfew?

Hemphill: Curfew, no transportation for us. Those of us that were there working would stay at the hospital.

LaBerge: All night?

Hemphill: Yes. We really did not work by the clock, under any circumstances. We worked as long as we could, blood typing people or trying to get the blood available to give to the military. That's what they were really interested in. I must say that the military were far more focused and prepared for emergencies, treatment and care, than even Queens Hospital was.

We were not that involved in the administration or the infusion of blood, rather we were in the laboratory concerned with the collection and the processing and the distribution of blood. So that was really the focus: to get blood in bottles to give to the military, try to make plasma, because there were innumerable burn cases. The wounded, those that survived, needed all kinds of treatment. So every military hospital was geared to capacity, taking care of the wounded.

We just worked that way from Sunday until Friday, that first week. I got the word that one of the medical officers came in with some patients. Of course, Charles had no idea where I was.

LaBerge: Because you never went home?

Hemphill: I never went home. No, we just stayed there.

Contacting Charles and Parents

LaBerge: I mean, you had the same clothes, your five dollars--

Hemphill: Five dollars. No, I just never went home. I guess it was on about Thursday or Friday that one of the medical officers came in, came by the laboratory. By then, I knew some of the doctors. And I said, "If anybody knows where my husband is--." There were a couple of other technologists, wives of military, that were from the Midwest. They did not know what was happening to their husbands. So we sort of put together, well, let's see who we could find--one of the pathologists there was a Dr. Louis Hirsch. He was young; he was probably in his first job, but he had been talking to the medical officers and saying, "If you can find any information for these wives around at all--." Of course, their husbands were in different units, but mine was at least in the medical or dental unit. "If there's any list, would you please get word where I am, and if you come to find me, this is where I am."

So actually, I was there from Sunday until, I guess it was, Friday in the afternoon that Charles came to the hospital. The military grapevine brought us together.

LaBerge: Actually, it was a good place for you to be. You might not have found out.

Hemphill: No. It was Friday that he came in, and Sunday to Friday, he had the car, and then I got home. So from that time, I didn't know where he was, and he didn't know where I was. He tried to phone, of course, and phoning was a very difficult problem, and I wasn't at home. But then he said, "Oh, well, you know, she's probably gone with other wives," and nobody stopped to figure out how you got there, whatever happened. Nevertheless, it was very disoriented.

LaBerge: I'm sure, and what about your parents? Your parents must have been over here worried sick.

Hemphill: They had no way of knowing, absolutely no way at all. Because you couldn't get through--everybody else wanted to call the mainland, everybody else was trying to get through. As I remember, they knew my address, so when I got home that Friday, I found there was a wire--a telegram I guess you say--under the door. Then we went on a list to try to phone. There were so many calls that you had whatever the phone company could manage. Of course, the military needed lines, because everything was wire or phone. It was such a noncommunicative era.

I went home on Friday night. And I went back to the hospital in the morning, and Charles went back to Pearl Harbor. He had been assigned to the dispensary. First of all, he was right at the landing at the Officers' Club. See, if you were going out to a ship, there were long docks, and the small boats from all the ships would come in, and they'd land at the officers' landing, and/or at other points along there, anchoring places. So he was assigned there, as all the wounded were brought out of the water or out of the ships and identified as deceased or what type of care they should have. Being in the military, you were well aware, particularly if you were in the medical-dental-hospital corps, what procedures have to be followed. So that's what he had been doing from Sunday until Friday. They just slept on the floor, or on cots, whatever they could find. So we were both at our respective entities at the time.

We were so active and involved in all phases of the tragedy. The experiences were unbelievable, just seeing so many wounded and death and destruction.

Setting Up Laboratories in Election Booths

LaBerge: And you were a volunteer?

Hemphill: Volunteer. Nobody put me on the payroll. As I recall, it was around the twentieth, fifteenth to the twentieth, that the need was still great, and everybody still felt we were going to be bombed again. Dr. Forest Pinkerton was an ophthalmologist, but he was probably the best known physician in all of the islands, because he had lived in the islands. He was a man then in his late fifties or early sixties, and he was involved with the start of this plasma bank for civil defense. So he was very familiar with it.

He realized what we needed to plan for and took charge. He came up from the rear, tapped me on the shoulder, and said, "Girlie, I've been watching you. You've been working very hard. Thank you. I would like you to set up laboratories on the grounds of Queens Hospital. We'll leave the hospital as it is, but we now must move out of here. They have to take care of their patients, and life must go on." So this will be under civil defense, and the chamber of commerce, and the Big Five companies will all get behind the project. He said that we must prepare for any contingency or emergency because we're out here all by ourselves, and we are going to have to work closely with the military and the civilians, and be prepared and operational.

LaBerge: He didn't know your name?

Hemphill: "Girlie." [laughter] Anyhow, so he said, "Tomorrow, there will be wooden election booths brought onto the grounds. We will put two or three together," and these were large wooden shacks with a floor and four sides. They were used whenever there was to be a city or territorial election, so they were stored and then brought out at election time. So they were huts, if you will.

There are three wooden shacks, and you knock out the center panel of each, and then have a continuous two sides, and then at one end you plug up, or don't take it off, and then just leave the other to walk through.

LaBerge: [tape interruption] So you used these election booths for donors?

Hemphill: For a laboratory. I set up laboratories, because we were going to blood type and give identification tags or cards--you know how the military had a dog tag with their blood type and pertinent shot information, injections they've had--we were going to give identification to all the civilians on the island, because then if we had another bombing and people were bleeding or wounded and they needed transfusions, they would be identified.

Well, that was not the thing to do really, but at that time, it seemed expedient and worthwhile. But obviously, you can make mistakes, so you're just not going to give somebody a blood transfusion because they're carrying a card that says something, without checking their blood with the blood of the donor at the time of transfusion. But in any event, it was a screening process.

So these booths now were to become a laboratory, and would be where we would do the work, the blood typing and the serologies. But the serologies only for the bloods that were being collected, because adjacent to us was a very large room and a building, that was to be set up for blood collection. We would receive test tubes of the donors' blood, and then we would do the blood typing. So we were doing the blood typing for people who were giving blood, and we were doing the blood typing for people who were not donors but would be carrying this identification card. We also would do the serology on the donors' blood, and the labeling and all of that.

So we became the blood bank.

LaBerge: You couldn't store it for very long, though?

Hemphill: No. At that time, it was like three days. That's what we were doing at that time. But it wasn't a problem, because you could use any blood you drew for transfusion. The techniques we were using for collection were such that the red cells would break down and hemolyze, so that the faster you could transfuse the blood you drew, the better. Storage at that point was not a big problem, because usage was substantial.

Life sort of took on from there, once we could get ourselves fairly organized for the community. Of course, the military, too, was gearing up to have their own blood bank, in the sense of being able to collect and process, because let's face it, if you're on a military base, and your soldiers, sailors, marines, air force were able to be called in to be donors, that's better than going downtown in Honolulu.

But we became a large center for the whole war effort. They didn't make plasma. So as the weeks and months went on, we were working with the chemists and the biologists and physicians, all medical hospital personnel on the islands, to become our own plasma fractionation plant, or making plasma as well as whole blood for transfusions.

LaBerge: How do you make plasma?

Hemphill: At that point, the best way was to centrifuge blood, and pack the red cells, and then aspirate plasma from the cells. When you have blood in an anticoagulant solution, it will settle out itself. The preferable way is to centrifuge, but we didn't have enough centrifuges, so we would draw plasma by just letting the blood settle as well. Put it in the refrigerator, which is regular domestic refrigeration, have it sit there, then try to bring it out easily, and then aspirate it. We had

some centrifuges, but nothing in the way in which we had to, wanted to, make plasma for transfusion.

We didn't have the Cutter Laboratories, or Sharp & Doane, or Merck, or any of the big biologic houses in the islands. So everything was improvised and decided, this is what we will do with it. This is the best we can do for now.

A Navy Wife Involved in Vital Wartime Activity

LaBerge: So were you in charge then of that laboratory?

Hemphill: I was in charge of the laboratory.

LaBerge: How old were you then?

Hemphill: I guess I was twenty-six. Remember that I had no business exposure. I knew the laboratory, but I was never in charge of a laboratory, though I had taken, as I explained, the clinical bioanalyst's license, which meant technically, I was qualified to do a lot more than what I was doing there, because one could do chemistry, parasitology, biology, all those. My exam covered things like that.

But looking primarily at just this small world of the medicine in the laboratory, by volume and by length and depth and breadth of the project, it was pretty tremendous, as I look back on it. Also most of the wives except two that I worked with, and/or others that were even involved in volunteer ways, registering donors, or registering files or listing, were being evacuated, or they wanted to go home. So I think that in the blood bank, by a year, everybody would have been gone.

LaBerge: You were the only military wife.

Hemphill: I was the only military wife that was still there and active in my unit of work. And Charles, as I said, was identifying the deceased by dental charts, and so many people were disfigured. He was moved to the dispensary where he did prosthetic dentistry.

LaBerge: Was he there all during the war?

Hemphill: He was assigned there. We were able to stay. I think possibly everybody knew that I was working in the blood bank. I don't mean I helped him to stay or vice versa, but everybody liked the idea that we were pretty involved in it. And of course,

being in the military and doing things for the military, there was this great kind of unification and togetherness. He would go to the dispensary every day, and I would go to the blood bank.

The reason I mentioned the people who had to leave, did leave, is that you'd have to do a lot of training of people. Some of the technologists that had worked at the hospitals wanted to work at the blood bank. Then nurses did the blood collection, and you could always get volunteers. I should modify that. It was very easy in the beginning, but then as more and more defense projects started up, and more and more industrial activity and other things were taking place, many of the medical people would also ally with physicians there.

But I didn't tell you, I went on the payroll in January of 1942, toward the end of January. So even when I set up the laboratories, there was no discussion about pay or whatever. I just worked. I think it's really in that experience that I learned the work ethic. [telephone interruption]

I can start next time with what it was like to train people of various nationalities, and the work ethic, quantities, supply quantities.

LaBerge: Well, we'll start with that next time, right there.

Wartime Work Ethic

[Interview 3: February 27, 1995] ##

LaBerge: Last time, Pearl Harbor had occurred, and you got in line to give blood, and you realized things weren't moving, so you went in to volunteer your services, and you ended up working there. Dr. Pinkerton came over to you and said, "Girlie, I've been watching you, and I'd like you to do so and so."

Hemphill: Did I get beyond the election booths?

LaBerge: No. You told me about the election booths, and then we stopped right there. You said, "To be continued. Be sure to ask me about Hazel Bond."

Hemphill: Well, my life, I guess, changed very dramatically on Pearl Harbor Day. What I learned in my early life, and especially working at the blood bank, was how to work with people of all nationalities. Chinese, Japanese, Hawaiian, all ethnic races.

At an early time in my life, these people were my colleagues, but we also became very close friends because of our joint commitment to seeing to it that there were adequate supplies of blood for patients needing transfusions. [telephone interruption]

We had to learn in many ways to understand each other. There were not any books or manuals, the "how-to" of doing things, whether it be to design a laboratory, or to expand facilities, or new scientific or technical breakthroughs. We had to be resourceful, creative, do our best guessing, actually.

I learned also a dimension of people's thought processes, which were different from my own. Being a supervisor of the blood bank and its laboratories meant trying to have adequate supplies for blood collection and blood processing and distribution. So I would say to one of the people helping with supplies, "How many bottles do we have? How many test tubes do we have? What about rubber tubing?" And they would say, quote "Lots," end quote.

Well, to me, "lots" meant cases of something, or containers, or whatever equipment. Only to find out in a day or two that we didn't have anything to collect blood in, or to do our laboratory work. So I was a very fast learner by saying, when I would ever ask again, "Count." My prior experience working in a laboratory on the mainland, versus being in Hawaii, was a very different experience. So that's a minor incident, but having thousands of people lined up to do blood typing for them, or to be collecting blood and needing bottles and containers and tubing there was a different way to communicate about volume of supplies, inventory. We had to be more exacting and specific about inventory. This is a small example of what one would have to put up with each day.

When it came to the work ethic, or being responsible or accountable, one never thought that you weren't going to work seven days a week, or whatever hours it took. In the early days of the war, it was wintertime; even though we don't think of severe winters in Hawaii, it would get dark early. We had blackouts, so to get back home or wherever, you had to have very good reasons to be out on the street. Those of us that were considered doing a defense type of program, which blood banking was, were known to be able to go back and forth after hours or when it was dark, as long as we had our identification.

LaBerge: What kind of identification did you have?

Hemphill: Well, the Territory of Hawaii Civil Defense issued us a badge or a pass that we could use to go back and forth from work to our homes.

I may be being repetitious, but the military evacuated the dependents, wives and children, those who had been living there prior to Pearl Harbor. So a family member of a military personnel would only be able to stay providing they had a key work that related to the war effort or defense. So I had a deferment for being evacuated, because of the work I was doing.

Also, I can't emphasize enough that we were all so committed and dedicated, and not knowing when we would be bombed again or attacked, we sublimated any great social interests or whatever we had for the war effort. If you did take time off as the weeks went by, and maybe the first three, four, five months, you'd take the time off in the afternoon, you would go to a movie. But then you would always check in and phone and see if you should go back, because there might be new people coming in to give blood, or large groups that would come in from the navy ship, or from the army installation. So you were always on call. That became a paramount focus in whatever you were doing.

After leaving the hospital's own laboratory and setting up laboratories and blood collection facilities on the grounds of Queens Hospital, we had what they called wooden election booths. Didn't I mention that?

Early Equipment Techniques

LaBerge: Yes, you talked about the wooden election booths, but not what you equipped them with, or what a typical day would be like there.

Hemphill: Of course, the first two to three months of the war, it was very difficult to get supplies, even in from the mainland, because there wasn't aircraft as we know it today, and also the other supplies and everything had to be brought in, other than, of course, food. But anything that was of a medical nature or reserves of all kinds had to be brought in from the mainland.

LaBerge: Including the bottles and the test tubes and the tubing?

Hemphill: Yes. All those things. The sugar and the pineapple plantations had laboratories and therefore had test tubes and had rubber tubing. We used those supplies immediately. The military itself, of course, had for surgical reasons some needles and supplies and anticoagulant solution. We had so many meetings trying to coordinate what was available from every possible source that could be used for blood collection. There were so many wounded people that had to have surgery, and burn cases and all of that, so you had to think in terms of, who's on the island, how many casualties are there? Wounded people that could be transported with whatever was available going back from the islands to the mainland were transported. But coming to the islands, of course, one waited for shipments of supplies.

Aside from military transportation, the merchant marine ships and others would bring out supplies to us. So we had to be very conservative. We were not using anything, of course, that was disposable at all. Everything was being rewashed, reused, resterilized, and that really was not a great thing to do, because we would also get a lot of hemolysis, meaning that the red cells would break down from having to use the equipment over and over. We were so pioneering, really, and doing the best we could without a great amount of technical or scientific input.

We were mostly collecting blood and doing blood typing, as to the ABO system, and tests for venereal disease. Those were the main tests. And some bacterial culture work. But on the whole, it was quite primitive. And learning, of course, and being resourceful. It wasn't like you picked up the telephone and talked to somebody somewhere in some scientific lab to get what they thought was wrong in what you were doing, or you sent telegrams. But all the things took time, and it was not expedient or instantaneous feedback of any kind.

But we did this dual program, every day collecting pints of blood, making plasma, doing the laboratory testing on the donors' blood. In addition, we would go to the schools and to the factories and to work places and do blood typing on all of their workers or members, and then issue a card telling people what their blood type was, thinking that that method would be of benefit if attacks came. People in the military wore dog tags, and similarly, we were giving civilians a card with their blood type which involved a great deal of clerical work, very often done by volunteers.

Well, that was precedent for at least a year or two, and then realizing that mistakes can be made very easily and that it's not a great idea to do blood typing in mass production, or

to have a card, because somebody else could have loaned their dog tag, or somebody else could for identification reasons switch cards or something else. So there's no substitute, if you would need a blood transfusion, but to type the patient and know the donor's blood type.

LaBerge: At that time.

Hemphill: At that time, and then do a cross-match. So we then ultimately after about two years abandoned doing blood typing of everybody on the island. It seemed like a good idea in the very beginning, but it was a tremendous workload to send out teams.

You have to remember, you had to train people that lived in the islands. The military were all committed and busy, so you would have to take civilian people and train them on how to collect a blood sample, how not to contaminate the blood sample, and give them enough practice. So we were conducting training programs as well as collecting blood from volunteer blood donors, as well as typing men, women, and children on the island. So it was a very busy time, and again, as I said, we all just were committed to doing what needed to be done--what were priorities. So to me, the clock wasn't something that you worked by, nor did you feel you had to have breaks, coffee breaks, or whatever. That's not to imply that we didn't, but we could just drink coffee or tea or something while there.

I must admit that if I never see another Spam sandwich, why, that's a great day. Because you gave the donors coffee and tea, fruit juice, and sandwiches, cookies. It was felt that they should have a meal. So that day after day and hour after hour, you just never wanted to have that as your own fare.

LaBerge: I've heard that from other people, just from that time period.

Hemphill: Anyhow, a minor point, but it was true.

Learning Organizational Skills from Hazel Bond

LaBerge: But it sounds like you were involved in every aspect of this.

Hemphill: I was involved in mostly the technical side, because that's what my professional work had been. However, there was a woman whose name was Hazel Bond, married to a gentleman who was from the early missionary families. They owned the Hawaiian Territorial Building and Loan. She had been a very active

community volunteer, and involved in, oh, gardening and the chamber of commerce and many organizations. So she volunteered really as a manager of the blood bank in the business aspects. She was so well known in the community that she could call anybody in any company or at the city hall, or at the territorial office, and knew everybody. She was really a mover-shaker. So she became the overall manager and director of the blood program, which involved what I previously described.

She was very good at financial matters and organizational activities. She would continually be relating to me, whether it was how much blood we collected, how many units we had collected, what were not usable, what were usable, what happened to what wasn't usable--I mean, I was continually measuring cc's and pints and statistics, and oh, it used to be just a pain. I was so anti-conforming about this, why can't they just leave us alone? I mean, send somebody in here to do all of this detail and administrative work.

But she taught me so many lessons, as far as a mentor is concerned. Later in life I never expected that I would be a carbon copy of her, because I learned how to be more detailed, more exacting, to see why and how things had to work, all about supplies, what they cost, budgets--I mean, she taught me so much that I had not known before. So we became very--though she was maybe twenty, twenty-five years older than I at that point--we were fast friends until she died. I told her over and over, "Hazel, I'll never forget you! And everybody I've worked with ever since knows about you! [laughter; motioning with finger] Because you are just in front of me with your finger." I used to try to alibi and get out of everything, but anyhow, she became sort of like my Hawaiian mother besides.

And then also, she had lived there more than twenty years, and as I said, knew everybody in the islands, and as a result, as the months went on and we were able to let up a little bit more, they would invite us to the house or to be with the family. I was a stranger and did not really have many friends there, because whoever you knew were the people you worked with, because you didn't have that much free time. She taught me also so much about the islands and the population and their problems and the politics. I learned tremendously from her and from others, Dr. Pinkerton and Dr. Devereaux and some of these other people. They were very good to Charles and to me in the sense of being older friends. It seemed to me I was always really very comfortable being with older people. I guess that was from my earlier years as well, that I seemed to be able to enjoy everybody.

Training Personnel on Other Islands

Hemphill: During these years, it was a lot of work--all work and no play --that's not exactly always true. But we had to set up blood collection facilities and blood typing arrangements on all the other islands, so that at least two weekends a month, on Friday night, Hazel Bond and I would fly to the other islands. These were in DC3s and when you flew over the other islands, it was very, very, very, very bumpy.

LaBerge: Oh, I'm sure.

Hemphill: The planes would dip and side swipe [motioning], rock back and forth. Though the flights were short, an hour or so to get to another island, by the time I'd get there, I'd be so dizzy and so sick to my stomach that I just dreaded this. And yet, medicine to keep you from getting airsick was not that prevalent or well known either. But you'd get there, and you'd get off the plane and sort of stagger. Of course, she was fine, but I just didn't like airplanes that much, and particularly in all kinds of weather and climate.

She always had a friend or relative on every island, so we would stay with a friend or relative, and then work all day, and come back on Sunday night, and then do the same thing--

LaBerge: Another weekend.

Hemphill: Another week.

LaBerge: So would you go to a hospital on that island?

Hemphill: Yes, a hospital or school. Sometimes there were buildings that belonged to the territory that they would set up. Physicians and nurses that lived on those islands would be the first people with whom we would work and train.

LaBerge: You would train them, and then you could leave them to carry on?

Hemphill: Well, we would do the best we could. We did that routinely for, oh, at least a year we would go over to check in. Then we also would bring people over to us, both ways. So we would get the organization down and choose the site, see that there was the budget and so forth. They would have people ready for us to work with and to train, and then gradually one or two would come over. So it was a two-way street. But for the first year or more, it was mostly our going over there, and then they in

turn would train people in blood collection and blood processing and distribution, and blood typings.

LaBerge: Were you still doing this mainly for the civilian population rather than the military?

Hemphill: Well, we were doing it for both, but then gradually, the military, realizing that they had operations going on Midway, Guadalcanal, Iwo Jima, all of those places needed to be prepared for the battles underway throughout the South Pacific. The military is a very self-sufficient organization. So they started as well to train their people, their corpsmen, their medical personnel, in blood collection, and also laboratory work related to blood transfusion. But they trained with us, and as I say we had a very cooperative working relationship. It was never a "they" and a "we," it was always "we," together. They were very helpful and very supportive, and vice versa. Because they still had many people in Tripler or a naval hospital getting transfusions and being treated, so the blood supplies from the community also would be utilized in military hospitals.

But then in the second year, they became much more self-sufficient, and we became more involved for their cases that took lots of blood, or also for civilians; more and more, they were recognizing the importance of blood transfusions. One or two or three transfusions a week in the Queens Hospital was what the routine was, up until the war years. Then as the physicians learned and medical personnel saw more and more what blood could do to expedite people's recovery and the needs they had for it, it became so much more acceptable as their necessary therapy rather than a transfusion with the donor on one bed and the patient in another, and doing a direct transfusion.

Importance of Community Outreach

LaBerge: Tell me more about Dr. Pinkerton.

Hemphill: He was an ophthalmologist, but very well known as an active community leader and in his own profession. So he became the head physician for the territory as far as blood banking and blood collection and supplies for transfusion. He and Mrs. Bond, Hazel Bond, worked very well together. For the island of Oahu, and all of the other islands, they were the spokespersons for everything that related to blood for transfusion and therapy.

LaBerge: I'm interested that both of them were capable within themselves, but they also had a lot of civic connections.

Hemphill: Oh, yes.

LaBerge: I'm just remembering about you when you came back here and were doing that too. Why don't you tell me your thoughts on being both technically adept, but also being out in the community, how that helps in this whole process?

Hemphill: Well, you mean when I first came back?

LaBerge: Yes. Or just what you see as the connection between being really a part of the community and being like a scientific--

Hemphill: Oh, it's just paramount, really. I learned so much from both of them, just being an observer of how to get things done, because it's really, for me it was who you know, not as much what you know, but how to get things. The person--

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LaBerge: You were talking about the connection with the community being so important.

Hemphill: At the time, I didn't realize how impressionable I was until later in my life, that that experience of one-on-one or two-on-one, and seeing how they were able to accomplish so much. In other words, Mrs. Bond was a person you never said no to. [laughs] It was awesome, in the sense that she knew, and she was so firm and so committed. People would be upset with the fact that she wanted it now, not yesterday, and not tomorrow, now. [strikes table] But she was most effective, and again, far more rigid than I wanted to copy, but on the other hand, she was tenacious, and I learned that that really was important.

When I returned to the mainland, I certainly would not have had the connections even here, though I was born here, that she would have had for her long years in a smaller area, community, as the islands. But it's something I didn't learn in a book. As I look back on my life, though I've taken many courses and seminars and workshops, to me, living a life and being able to be observant and to see how things get done and make your own mistakes and benefit from them has been really paramount in my own life.

LaBerge: Well, I think over the years in San Francisco, you've developed those same kind of contacts.

Hemphill: Oh, exactly, exactly. But you don't do it that way. You meet somebody, and then somebody says, "Oh, well, would you help out with my organization, or would you like to be on the board?" or something along that line. And say, "Oh, fine." And I realized, I would say from Hawaii on, that to be involved in blood banking, or a particular community service like blood banking, you must be active, involved in the community. Because the community isn't going to come to you. You have to reach out, and you have to be able to convince people on why they should support this service. [telephone interruption]

So coming back to the more people you know, the more opportunity you have to communicate your message, and be active and involved. Especially with blood banking. When you think that only 5 percent of the people give, but that 99 percent will take, that's a very big gap. You can't be recessive and expect to be able to supply without a big reach-out.

Recruitment and Collaborative Effort of All

LaBerge: In Hawaii, did you have to do recruitment?

Hemphill: Yes. I used to have to give talks, and particularly in the high schools--of course, we were not drawing from anybody unless they were eighteen, and even that was questionable. But I'd go to factories or to the pineapple and sugar plantations, or to other businesses, to ask them, to explain why we needed their blood, and how it was going to help the people.

Remember, this was such a diversified ethnic group. Not only were Caucasians having to learn the importance of giving of yourself to help someone, but in the islands, where especially some of the Asian groups had superstitions about not giving any part of the body or blood, it was a very, very big recruitment problem to get people involved in doing it.

We had a lot of defense workers, as the war progressed, that came from the mainland to work out at Pearl Harbor or at the Hickham Air Force Base, or at other military installations, and on construction projects, so that helped us immeasurably, because these people, most of whom were Caucasian, were coming from the mainland.

It was a great educational program, besides being involved in just doing the technical work, or in supervising people that were working for the project and for the blood bank. So that was those early days.

Your friends were the people that worked with you really, because when the day was over, even though you had a pass, you wouldn't go off to somebody's house and be out and say, "Well, I'm just coming from work." You really had to have reasons for it. I'm remembering one time I cut my hand with a knife: I was trying to go into this bottle of blood and get the rubber stopper out, and it hit my wrist, and I slashed my left hand. Then they gave me a tetanus shot. I was allergic to tetanus. And of course, it was hot, hot, hot, the rooms were all shut up, because you didn't have air conditioning. I had to go to the emergency to explain that I was allergic to this.

But you just went on to work. You just steeled yourself. You had no time--at least you felt you were important, or you felt you were needed. But you just sublimated, really. It was a tremendous learning experience to be far less selfish than I think one would normally have been.

I can remember--I don't know whether I want to put this in or not--but there was a young man, Japanese, who was coming to the mainland ultimately to go to school, and he was coming through San Francisco. So I suggested to my parents that they meet him and take him home and take care of him. My mother said, "What are you asking me? It's impossible to bring a Japanese into our home after what happened!"

LaBerge: That was the thinking.

Hemphill: I mean, here's my own mother. It was just the idea. He was coming in on a plane, and he didn't know anybody, and then he couldn't get a plane out, so I suggested that they take him home and have him for dinner, and let him stay all night. And, "What will the neighbors think?"

I said, "Mom, most people can't tell Japanese from Chinese or Hawaiian." [laughs] But, "Mom, now I mean really. Why are you behaving this way? He's very trustworthy. He's wonderful. He's a great worker." Anyhow, that was sort of--the people on the mainland felt that way. It was just--"Japanese, very bad, very bad."

LaBerge: Just the way the Japanese were rounded up and taken to the camps says it all.

Hemphill: An indication, yes. And I'm trying to recall really, we had several Japanese work for us in the blood bank, young people, particularly college students. It was more or less accepted. Maybe you watched, but you just used whoever you could work with, because there was a need, and there wasn't that

selectivity. And oh, some of the most wonderful people I know were people in Hawaii who just served in the kitchens or worked in restaurants or whatever, ended up working in the medical field; when I came back to the mainland, they spent their whole life involved still in blood banking. It was something they wouldn't have had an opportunity to do or be in the medical field, but as a result of our training programs, they had good positions and did wonderful work.

That's why I feel so strongly, I think, that given people of average intelligence, with good training and the right attitude, they can really learn very quickly and make good contributions, as well as formal education. But I can honestly say that most of the people that I worked with in this entire time, that carried on and went on and ultimately even studied other medical fields, that the formal education was very limited, but they were tremendous, loyal, dedicated, and effective and efficient workers. I believe so strongly in personal motivation of people, and what you can do.

Friends and Social Life

Hemphill: As far as our friends, we were living in town, in Honolulu itself, Waikiki is where we were. Well, I've forgotten, because from the day of Pearl Harbor, we had this house, and then I never knew whether I would get to stay as we went through December and then in January. Families were leaving houses, going back to the mainland, and I was probably at that point one of the few wives still there. Then you'd move to somebody else's house, and then you'd give up your place, so that the men could all ride together to Pearl Harbor every day, or you could get a ride to the hospital each day, or you'd go on the bus.

We moved, I think, five times in three months, besides working every day. Just throw stuff in a car and go to somebody else's house. Then they'd be there for a month, and then they'd get evacuated, and then the spouse would give up the house, and then you'd move someplace else. We finally ended in a wonderful house in Waikiki right by the Ala Wai Canal, and then, because I was one of the few wives there, we met so many naval officers and friends who were on ships. When they would get a day or so leave, they loved to come into the city. They would come off the ships, and we had rationing, and we had gas rationing--couldn't go around the island when you wanted to, or do whatever you wanted to when you wanted it.

But then they could get food off the ships or off the commissary and then bring it in to our house.

We always had the door open, everybody did. So you'd come home at night and there would maybe be five or ten or more all having a party most of the night. They had records. If you think of Pearl Harbor, that was the year of "White Christmas." So "White Christmas" was something that we hadn't heard about, but they brought it on the ships when they came out to Honolulu, brought Bing Crosby's "White Christmas."

And then one of our very best friends was--and I've got a blank on this, I've got to look it up--but if you remember the expression, "Praise the Lord and pass the ammunition."

LaBerge: Yes.

Hemphill: Well, Chaplain Fokie was one of our very best friends who used to come in and stay. Life was just music and fun and then we--of course, they'd have the next day off, but I'd just fall into bed.

LaBerge: And you'd have to go to work--

Hemphill: [laughs] And have to get up at six the next morning to go to work. But they'd have one or two days leave. But it was fun. Out under the stars at night, it was so much fun and so romantic and such excitement. And you just loved everybody.

After the battle of Midway, we had a group of about twenty that were in and out all of the time. They all had such fun with each other. Out of this group of twenty, six were killed in Midway, and that had a tremendous effect on us. When you knew that operations were taking place, they would not say exactly where or what, but you knew they were going out, and you just lived this day of, "Oh, I hope not, I hope not, I hope not. I hope they'll be okay." And then, of course, besides the twenty that would be coming and going, some of them weren't married, so that they would meet gals, and they'd all come to our house. So I felt like "Mother Superior" or something, [laughter] though I wasn't much--I think maybe four or five years older. We were the married couple. We were the would-be chaperons.

Oneness of Spirit

Hemphill: But it was just so much heartfelt caring and humor. That's where you really got your fun, because they were so sharp and smart and young and energetic, and not much fear, and never really sad. But when we lost six of our friends on that one engagement, it was a sobering, tremendously sad experience for all of us.

And then you got to know their families, or they would say, "Send mail to us." We became kind of like a post office, so that when they came in, they'd have stacks of letters, because on the ships sometimes, when they were out on operations, they wouldn't get much mail. So we got to know the families. It was a host of friends that we developed.

But everything pretty much made an impression on you, and I'd say mostly positive experiences.

LaBerge: You had mentioned earlier that most of your friends, I would say probably besides the military, were of all different ethnic backgrounds, and these are the people that you worked with. Can you tell me more about those friends, and what you learned?

Hemphill: Yes. We knew a lot of Asian and Hawaiian people. Later after a year and a half you'd take time and have a Sunday off, or you'd take a Saturday off and work Sunday. But we always worked the weekends and everything. You learned cultures, you learned food, you learned their mores and what they felt about families. I found it mostly exemplary. Rigid as far as many of the Asian families are concerned, but disciplined. Strict family emphasis.

We met many people, as I mentioned, through Hazel Bond or Dr. Pinkerton, all of whom were considerably older. I don't mean to highlight the age, except that they had a lot to teach because of their own community involvement and activity, and financially they were all pretty affluent. But they could do nothing with their money except do work like the rest of us. So it was a total commitment to civic involvement, and being a lifeline and patriotic. The whole emphasis was, "We've got to win the war, and do all we can, and sacrifice what we can." And remember, people weren't flying back and forth to the mainland, or vacationing, or doing much of that.

Many of these people owned homes on other islands, but even so, to fly to other islands, you had to have good reasons, because the planes were not--it was not a vacation time at all. It was a wartime Hawaii, which was totally focused on, "Will we

survive? Will we be attacked again? What can we do to help the military?" Which was a great respect and admiration for the military, and not taking it for granted.

There was a oneness about it all, a collective action and a solidarity that I have not seen in subsequent war experiences, though I lived through the Korean situation, and Vietnam, in being involved in blood banking. But under different circumstances. But there is nothing that could be overemphasized enough to say America was really united. That didn't mean that people wouldn't have had their own political parties and events, but it was a totally focused society.

Bernice and Charles Hemphill, 1939.

Bernice and Charles Hemphill, Hawaii, 1942.

Irwin Memorial Blood Bank staff, 1959.

III EARLY YEARS AT IRWIN MEMORIAL BLOOD BANK, 1941-1947

Concurrent Work of Irwin Memorial Blood Bank

Hemphill: Concurrently, and on the mainland, of which I was not aware, the Irwin Memorial Blood Bank and also the San Francisco County Hospital had a small blood bank for blood transfusion for patients in local hospitals. In other words, it had copied the Cook County concept that I referred to earlier. It was approximately '39 that the San Francisco County Hospital had started its small bank.

The Irwin Memorial Blood Bank started in June of 1941, which as you can see is six months before Pearl Harbor. It started in 1941 to be a central, community blood bank for all patients in all hospitals. In other words, as the county was just going to take care of their own, the concept of a central, community blood bank for citywide was originated and implemented by Dr. John Upton, who was an obstetrician and gynecologist, and Dr. DeWitt Burnham. Those two were practicing medicine before Pearl Harbor in the Fitzhugh Building in San Francisco.

They knew each other, but it was Dr. John Upton, who was from England originally, and was very active pre-Pearl Harbor days in British war relief. Since English ships, destroyers and so forth, were also out in the Pacific waters, Dr. Upton was asked if he could help get blood plasma for the British ships that were operating in these waters to supplement, because they didn't have enough plasma aboard.

So Dr. Upton raised money from the Irwin Foundation, William G. Irwin Foundation, the Bothine Helping Fund, and other organizations. Funds were raised from his friends or foundations that he knew, and in a collaborative way with Dr. Burnham, who wanted a central, community bank, you see, because

he could see that it was helping civilian patients in the Bay area. He also went to the county hospital as a volunteer physician. So he wanted a central blood bank. Dr. Burnham saw the fact and had been requested to help for the military, so it was the two of them that launched the Irwin Blood Bank, which was June of 1941. The Irwin Memorial Blood Bank became the first central, nonprofit, community blood bank in the world.

I referred to Pearl Harbor, and as we are now doing a transition in the islands, and doing blood banking, concurrently, Irwin, after December 7, was the only central collecting facility, but was very small. It had been operating for six months, and was asked to help collect blood, because they were going to go into this collection and storage of plasma, liquid plasma, dried plasma with the main big biologic houses in the United States. The military and civil defense and everybody knew San Francisco would need plasma if it were bombed. And also would be prepared for any blood collection or anything that we would have to do.

Relationship with the Red Cross during Wartime

Hemphill: The federal government officials turned to the American Red Cross nationally to be the federal agency, collecting, organizing, and arranging for blood collection. In other words, the donor recruitment agency for the military now and also, for civil defense purposes. The military also had blood collection facilities in certain areas. And then the Red Cross would get the money from voluntary donations, and/or be reimbursed with government funds as well.

But it's very important to point out that the Irwin Blood Bank housed this facility with no remuneration for, I think it was, six to eight weeks, before the Red Cross moved to the Art Institute, which was here in San Francisco. So they operated there and set it up for blood collection. They would collect blood and serve refreshments, use their volunteers and so forth. But then the blood went to the pharmaceutical and biologic labs for pressing and distribution.

LaBerge: So in other words, it was being collected both at Irwin and by the Red Cross?

Hemphill: First of all, there was only Irwin for the first six to eight weeks. Then Red Cross moved out to the art center, because it was a big operation, and there wasn't enough space. Irwin Memorial Blood Bank was housed at 2180 Washington Street,

Washington and Laguna. It was the former William Irwin mansion that the medical society had bought for their offices and for a medical fraternity. So when Dr. Upton and Dr. Burnham wanted a site for starting up the blood bank, in June of '41, they gave them the ballroom and the wine cellar of the Irwin mansion. Then the blood bank is called Irwin Memorial because of the heritage of the Irwin mansion, but also the William G. Irwin Foundation gave substantial monies to launch this first nonprofit blood bank in the world.

LaBerge: I guess what I'm trying to keep straight is that Red Cross and Irwin were not at all connected, is that right?

Hemphill: No, not any way financially or organizationally. It was an accommodation that, "All right, Red Cross, you're being named by the government to be our blood collection agency called Red Cross Blood Banks." They really were not blood banks in the true sense of collecting, processing, distribution at that time. But that was the term that was used. And why was it a term? Because blood bank was used by Cook County; blood bank was adopted by San Francisco General; blood bank was adopted by Irwin; and in Hawaii, we were using the term blood bank.

Why? You give blood, you bank it. Banking meaning what? Well, if you need blood, you're not going to get your same blood, but somebody's banked it for you. It was a very fine term.

Just as an aside, today, and I can talk about it later, but now nobody wants to use the term blood bank. They're blood centers, because of course, they do much more than that at that time. But as far as the public is concerned, and probably ad infinitum, it's going to still carry the term, because it was so well identified for fifty years. This is a great improvement now, because as far as the public are concerned, you go to the blood bank. The term is interchangeable, but the professionals want to call them centers.

LaBerge: Okay.

Hemphill: Anyhow, so to clarify further, Red Cross moved out. They went on about their activities. Irwin became primarily then a blood bank for civilian hospitals. However, throughout the entire war years, until the end of the European war and Japanese war, Irwin was always involved in helping unceremoniously, without fanfare, in the collection and processing of whole blood and plasma, and giving it to the military without reimbursement.

The concept was, if two soldiers or sailors gave blood, we would give a processed unit of plasma, because from a

collection of the whole blood, approximately 40 percent is plasma. So we would give a unit of plasma, which would be dried, because Irwin did have a small drying unit on its premises, and the diluent, and the rubber tubing. So it was a war effort which it gave out of its funds, and also people did, because all the ships, be they British or otherwise, did not always have all the supplies they needed.

To all intents and purposes, as far as the Red Cross was concerned, it could be an antigenic situation. What's a better word than that? A conflict. They were the official agency. This is a personal opinion, but in my long career, I always found that Red Cross operates, doesn't cooperate.

LaBerge: That's a good way to put it.

Hemphill: Red Cross is a quasi-governmental agency: it's chartered by Congress, its board of directors are comprised of cabinet members of the United States and affluent corporate executives. It's a very substantive organization, but even with relief agencies and others, it's a pretty dominant organization. It's used to deciding what it will and will not do, and when they speak, you're supposed to comply.

LaBerge: I think in the general public, it's not known that it's quasi-governmental. It's just on its own.

Hemphill: Well, to a great extent, it is, but also, look at its board. It gets its money certainly from the civilians, and from blood money, which is the same. At that point and subsequently it had been an agency that was very hard to work with in a fair, equitable way. That's the way it worked here in San Francisco, up until the end of the war, really.

By contrast, in Honolulu and in the islands, I should say, we were the organization that was one for all and all for one. There was unity. We had nothing in the realm of competition. So my experiences and my naivete and my seven-day-a-week activity was always the blood bank. Blood typing, blood collecting, processing. We, of course, in subsequent years got in more plasma banks and so forth, and then we would take off the plasma, and then we would even ship it back to the mainland as well. But everything was very cooperative.

Now, the Red Cross served coffee and donuts, or sandwiches, out there. There would always be somebody very officious who would say, "That's so on the mainland, and we should be doing it here in Hawaii," but of course, we were a territory at that point. We were still not a state. But on the whole, everything was quite amicable.

Finding Differences in Attitude with the Red Cross

Hemphill: We came back in the end of '43.

LaBerge: Because Charles was transferred?

Hemphill: Transferred, yes. I started at Irwin on the staff in '44, but when we got back the latter part of '43, I volunteered at the blood bank. So my cycle was continuous. I was a volunteer at the blood bank. To come back here and see the way in which things functioned on the mainland versus out there was astonishing. Because Irwin at that point was collecting blood just for civilians. The Red Cross was the collecting agency for the government. Whereas in my experience with the Red Cross in Hawaii, they were volunteers that served sandwiches and refreshments. They had nothing to do with the management or operation of the blood program, because it was under mostly territorial and civil defense.

Whereas here then, it was a kind of competitive situation, in that, though Irwin was making dried plasma for the British ships, and even for our own ships that didn't have enough when they would go out to sea, it had to be more or less classified as for civilian use, and that had a lesser import supposedly than plasma for the military. We were doing it at no cost, whereas the Red Cross was collecting. But they did not do any processing. They would be responsible for hiring the nurses and running the blood collection agencies, but then the blood was sent--because we were not using whole blood still at that time--the blood was sent to Cutter Laboratories or to Sharp & Doane and to the other big biologic houses for processing into plasma. But the Red Cross was then considered the official blood collection agency for the government.

I came back to find that Irwin was a very small-scale operation in comparison to Queens Hospital. Sometimes a ship would come to us, and some of the men would give blood and then we'd give them plasma. The Red Cross resented our being involved at all in that, because they were the official group.

However, we were also giving blood. We took some of the ships that came in that wanted to, because the captain would say, "I don't have enough plasma. I can't get it, and I need it." So we'd say, "Fine, we'll do it for you." But then the Red Cross heard about it, they'd call up and complain.

LaBerge: Complain that you were giving plasma?

Hemphill: Yes. I don't know how much I want to do and say about this, but it has influenced my life.

LaBerge: It has, and it goes up to 1970 and everything, so say as much as you like.

Hemphill: Yes. Well, I'm just saying it was astonishing to me to find this out. You know, people need blood, and there should not be, "Oh, well, this is for the military, and this is for the civilians." I was stunned by that, because from whence I came, it was a oneness. We took care of--we estimated our needs for civilians as well as the military. But the Red Cross started in the facilities of the Irwin Blood Bank, in the latter part of December of '41. And then I think it was in February, it moved to the Art Institute and opened its headquarters there.

But blood was being collected by Irwin in the ballroom of the mansion, and plasma was being made and stored in the wine cellar for use by the military. Irwin was doing it unofficially. That's the way it was done.

So then what did I do? I just volunteered and helped in the lab.

LaBerge: Who did you speak to?

Hemphill: Well, I just searched out where the blood bank was. I can't say this, I guess I'm having a hard time, but I wouldn't work for the Red Cross under any circumstances, because I had had a mentality that was what the servicemen felt. I don't know how much you know about all that, but if you talk to any World War II people, they really did not like the Red Cross. And in some cases, they said they sold donuts and they did a lot of other things; I have not been a party to that.

The general overall feeling was, having worked with them in Hawaii, that they were volunteers, but always trying to be very pompous and wanting to be in charge of everything. They always were the social elite, wives of the Big Five companies, who all went and volunteered for the Red Cross, and that was an elitist group. I have to leave my impression of exactly what I think or feel, but on the other hand, I'm not trying to be argumentative. How do I handle it?

LaBerge: Well, when it comes back to you in the transcript, look at it and see what you think. You've got to be honest.

Hemphill: I really want to show what I learned about it as an organization. I don't want to be castigating, but on the other hand, it was an attitude--attitude is my word--that was not

easy to cope with. So I found this great difference. It was of great concern to me, because coming from where an agency took care of everybody, why did we have to do it this way? There wasn't anything I could do about it, but it never endeared me to the Red Cross or to be a part of it when I started--

Volunteer at Irwin with Dr. Curtis Smith ##

LaBerge: Okay, you were volunteering in the laboratory.

Hemphill: I was volunteering at the Irwin Blood Bank in the laboratory, and delivering blood to the hospitals for civilians, helping out wherever I was needed or in blood collection. Then Dr. Curtis Smith came and wondered if I would consider being in charge of the blood bank, because it was growing for civilian use. They were getting larger, and they needed somebody with experience.

I said, "I don't really have any business experience, to be in charge of the blood bank." Although I was in the laboratories, I didn't necessarily understand the financial reports. I remember saying to him, "You know, all I know is that if you write a check, you'd better have money in the bank." [telephone interruption]

LaBerge: So Dr. Smith asked you, and you said, "I don't have any business experience."

Hemphill: "I don't have any business experience, and I can't type well." That was my idea of being the managing director of the blood bank.

So he said, "Well, we'll just take a chance on you, because you've had other experience, and you can learn. We think you can learn."

LaBerge: How long had you been there by this time?

Hemphill: Oh, I was there on and off for six months.

LaBerge: Six months. You must have stood out.

Hemphill: No, I think I was just part of the group, but I was there every day, volunteering, doing something. Charles was back here now, so I was hoping to have a family and just retire. [laughs] Retire.

But anyhow, I didn't get to retire. I just started, and I couldn't ultimately have children, so that's what--

LaBerge: So this became your child.

Hemphill: My child. The mother of blood banking. [laughs]

LaBerge: Well, it is true.

Hemphill: But anyhow, so that's how it began.

Learning Business Practices from Phillip Knapp

Hemphill: I met another gentleman whose name was Phillip Knapp. He was a very successful man, CPA [Certified Public Accountant], who had retired. He was in his seventies then, and he did the books for the blood bank. He taught me bookkeeping and accounting in my spare time. [laughs] So I never ceased being involved in the blood bank, from '41 until today, both in the volunteer arena and on the staff.

Oh, another thing I neglected to say: I was so impressed in Hawaii with volunteers. Not just the Red Cross volunteers, but the other people in the community who would work all day and then would come in and help us in the evening, in many ways, getting collection sets prepared for the next day's blood drawing, and all of those things, and then sterilizing, teaching them how to run autoclaves. That was my first really wide-eyed experience of volunteerism. Needless to say, it had a tremendous impact on my entire life, because they were giving of themselves, their time and effort, without being monetarily compensated, and that's how I felt and have felt all my life. I just think it's so much better to be able to give than to receive.

LaBerge: How about if we pick up on that next time? I don't want to keep you going and either tire you or your voice. We can start off with the volunteers, and with you taking over as managing director. Would that be good?

Hemphill: Okay.

LaBerge: Tell me one thing before we stop: Where was Charles transferred to?

Hemphill: Alameda. Alameda Naval Air Station, which was coming home for both of us, he in Oakland, and I in San Francisco. So that

really worked fine. We came home and stayed with my parents until we found an apartment. In the wartime, it wasn't easy either. I think it took me about three or four months before we found an apartment, and that was about three blocks from where my parents lived in the Marina. Then Charles commuted to Alameda. I was going to the blood bank, and then volunteered there, and then went on the staff as the managing director.

LaBerge: Okay. So we'll start there next time.

Importance of Volunteerism and Community Outreach

[Interview 4: March 9, 1995] ##

LaBerge: When we stopped, we had just gotten you appointed managing director of Irwin Memorial Blood Bank, so we have not talked about the doctors or the staff. I thought because the volunteer is such an important person, someone you really loved, why don't we talk about the volunteers?

Hemphill: Yes, okay. Well, I guess in my early youth, [laughs] of course, we were involved--I was involved--in some form of volunteerism, whether at the school, you'd volunteer to sell chances, or sell tickets, or other organizations' fundraising activities.

But really, the great exposure for me became identifiable on December 7 [1941], when one could see hundreds of people in line on the grounds of Queens Hospital, all willing to offer their blood for people in need of transfusions. And for the over two years that I was in Hawaii, every day we had people from all walks of life volunteering to support our service by helping with assembling supplies, or serving refreshments, or answering the telephones and making appointments, or going out with us on mobile units to factories and to plantations and to schools in doing our blood work.

The difference between a person on the staff or a volunteer was really not that apparent during the war years, because it was really an example of collective action. People's willingness to be of service, to help in any way possible, without thought of who's who. Of course, we had volunteers from many organizations, from business firms, the chamber of commerce, the Red Cross, Girl Scouts, Boy Scouts, and it was just a tremendous mentorship that one could not help but be appreciative of, and feeling that we were all in it together.

So with that background and experience, when I returned to the mainland and became managing director of the blood bank, I too wanted to enhance and further more volunteers helping us to provide our blood service. Since blood banking is a people-oriented service, obviously people helping people is automatic as far as a network is concerned. So I tried to get people from all facets of the community to help us as nurses' assistants at Irwin, in the canteen helping serve refreshments to the donors and helping us assemble supplies. We were still in this era where one could not purchase a plastic unit with needles attached and all sterilized, ready to collect blood. We were still in the throes of bottles, having to sterilize the rubber equipment and the needles, and it was a great assembly line before we could even start to take blood from any donor.

LaBerge: When you got to Irwin, was there already a group of volunteers in place for you to start with?

Hemphill: Yes. The San Francisco Medical Society Auxiliary, the wives of the physicians, were helping particularly in assembling supplies, and other women in the community would help do that, and serve refreshments, and deliver blood to the hospitals. Of course, they worked in the daytime; we would have to have taxi service for delivery after hours or on weekends. So the combination of a professional staff, volunteer staff, and whatever community resources we needed to provide our blood for transfusion service, was all part of one organization with a central focus.

Very early on in starting at Irwin, with my experience from Hawaii, I realized that it was not possible to have this people service and sit in your office, and think that people were going to come to give blood because it was a good thing to do. You had to do a tremendous amount of reachout and training and education and communication in order that people would really recognize the need. Remember, we were coexisting with the Red Cross that had lots of advertising and promotion for blood for the military, and even though we were also doing it and not being recognized for it, we had a great need for enough blood supplies for people in civilian life, from children all the way through life to the aged. So we too had to have our program and service identifiable.

It was a concurrent need, if you will. We had a very small staff--less than thirty of us--against hundreds and volunteers doing the military service. I realized we had to make our way into the clubs and fraternal organizations and businesses to also mention that we're taking care of people. It didn't matter whether they're wearing a uniform or not, we are totally committed to being able to provide whatever is

needed for whomever needs such service. And as I said, that was not easy, but we did what we could, and I think we were successful in doing it.

So from the time I started at Irwin, and throughout my whole life, I have been totally focused on the importance of volunteerism. You cannot pay for everything that's absolutely needed in a day-by-day life or program for a community or a city or a state or a nation. Aside from the rewards part of it, there is just a tremendous need, and I think America does lead the way in volunteerism. But in that era, it was not as popular as it is certainly today.

So early on, besides reaching out and encouraging the businesses and fraternal organizations and people in the community to support the blood program, I realized that I too should be involved as a giver. When you ask for something, you'd better also be an example for giving. So one of my earliest volunteer programs was to be on the budget study committee of the United Way. I served on that and on various committees of United Way, particularly looking at the budget requests from community organizations seeking funds, for fourteen years. That was several weeks and months of each year when one would learn about these various organizations and their need for funds, and how deserving were they of these funds.

That was a great educational experience for me. I certainly learned a great deal on what services there were in the community and became very interested in many of these organizations as well, and I found it was a two-way street of cooperation, because by learning more about them and their needs, also I was able to communicate the importance of our blood service and how important it was for us to walk together and to cooperate with each other whenever we could, and have sort of a unified recognition of need.

Dr. Curtis Smith and Decision-making

LaBerge: Before you did the budget study, were you already doing the finances for Irwin?

Hemphill: Yes. Well, I was learning how the organization must function, be fiscally responsible, and how to designate and categorize the income and expense and get a bottom line that was not in the red. Mr. Knapp of whom I had spoken before--

LaBerge: You mentioned him, yes.

Hemphill: --was very patient and very helpful. I learned how to read a balance sheet and profit and loss statement. As we all know, whether the organization is nonprofit or for profit, you'd better have enough income to operate and function and pay the salaries and the supplies and the overhead, and know how to be frugal, and how to purchase supplies and how to deal with companies that are your suppliers. So again, he was a great teacher, and that's how I learned that aspect.

I knew the technical part, but I can't emphasize enough that in the forties and the fifties there were really no teachers. Very few. And if so, communication with anyone else that you might be aware of in science was by correspondence. Phone calls were very expensive, and telegrams were. So we had to be very self-sufficient and creative and take chances, and not have a long time for deliberation. Collaboration was very limited, so you became decision-makers. I've never found that anything but a big plus for me. I'm impatient. In the forties, many of the physicians were in the military.

I come back to Dr. Curtis Smith who was a surgeon. He was an exceptionally busy man, but he too was a wonderful teacher, and was several years older than I. Whenever I needed help or felt that I wanted an opinion to be sure that I wasn't just acting single-handedly, why, always we would have conversations at the end of the day, ten o'clock at night or on weekends, or he'd always call me back. It was a two-person team, because we were not having board meetings at that time, because there were so few people that were not involved in some way and overcommitted in business and medical practice, but also involved in so many other activities.

So it was not a matter of going to a book and reading what to do, a blueprint, but rather by guess, by golly, we'll take a chance, and away we go.

LaBerge: I guess too, in the medical field, because there are so many emergencies, you have to make split-second decisions. You can't wait two days to consult with a lot of people often, because it's a matter of life or death.

Hemphill: I don't want to minimize the idea that I liked people with whom I worked. I was never hesitant about asking others, "What do you think? Is this a good idea? Should we try it?" I found that to be a very supportive way to function. If it came to the fact that we had differences of opinion, then I'd have to make my own decision. But in general, I can't explain how appreciative people were of each other, all focused on that

patient and getting the donor and putting it all together to deliver a service.

It's not that way today. Everything is very departmentalized, and we have chiefs and Indians [laughs]. It was different. It is different today.

Postwar Conditions for Young Managing Director

LaBerge: Was it like that when you arrived, or did it sort of become like that? I guess I'm wondering how much you fostered that.

Hemphill: No. When I first arrived, I was so astonished actually, because the Irwin Blood Bank was in the shadow of the bigness of the military program and the Red Cross and its attitude toward civilians--forget it! They wanted every pint they could get under their jurisdiction. I came from an environment where it was all for one and one for all, and a one-ness. So it was my first experience with competition, if you will.

Also, when I started with the blood bank, the staff there were intimidated in many ways and felt that, well, if they could get twenty blood donors a day, then you closed [for the day]. Never thinking that we wanted thirty or forty or that we had to build up a plasma supply for patients. Also the more we could achieve, we could still be giving dried plasma to the military at no expense to the government, because we were processing it in-house and there wasn't any commercial house to get income as a result of the work they were performing. Which was certainly logical, but at the same time, we too could play our own role.

So my goal was to do what we feel is necessary to run our service, and ours will not be based on just x number of units a day. We will draw and collect and process whatever we can achieve. So that was an entirely different mentality. But it had to be done subtly, because no one really was in charge. There was a secretary, but if the nurses didn't want to do what the secretary said let's do, I mean--they were chiefs. They were all sort of running it. "Who's this person from afar who thinks she knows how to do everything and be in charge?" It was not easy; you had to learn some diplomacy, but also be firm with what you wanted to achieve.

LaBerge: How long had you been at Irwin before you were asked to take that position?

Hemphill: As a volunteer, just coming and going, about six months. I worked in the lab, too. I was known to the staff as a volunteer. So then when I came aboard to be the boss, that took on a different dimension, and especially if I chose to do something that others didn't want to do.

LaBerge: Something new.

Hemphill: Something new. So to go home earlier, and say, "We're not drawing any more today," if it's three o'clock, was a very laissez-faire situation, and I can understand it, because of the idea that they were being daunted in taking care of civilians. We had no goals. We had no real objectives, no time frames. It was sort of floating, do what you can when you can, and that was it. You see, I started in May of '44, and from '44 to '45, which really was the end of the war years, there was the momentum as far as the usage of blood and the continuing need for blood, with the Allied invasion in '44 in Europe--and the great losses in Europe.

They were starting to try to send whole blood. That was on the East Coast. We were not doing that. But out of New York and Washington, they were trying to send to the military hospitals the collection of whole blood. The West Coast was really not involved, but we were hearing and reading about the limited trials to do this.

In '45 with the defeat of Hitler and the bombing in Japan and the end of the war, we saw the closing down of the blood collection facilities by Red Cross and the contractual relationship that existed between Red Cross and the government and, say, Cutter Laboratories and other commercial biologic firms. There were still wounded returning to hospitals and returning to their areas. The navy had a blood program, the army had a blood program, and the military was taking care of a lot of their own wounded in their own hospitals.

But also then on this coast, because we were up and functioning as a central kind of community blood program--the only other blood bank in '45 was the Peninsula Blood Bank in San Mateo--we were also being of service to whomever, whenever there was need.

LaBerge: So at the end of the war, did the Red Cross totally stop collecting blood here in San Francisco?

Hemphill: Yes.

LaBerge: And you were the only ones?

Hemphill: Yes, we were. The San Francisco General Hospital had a small blood bank of its own. It still was functioning. But we were cooperating with each other, so there wasn't any problem. We would help them with supplementary supplies. But we were not exchanging at that time. In that era, whatever blood banks were functioning were really self-sufficient and self-contained, and it was not a concept of sharing.

LaBerge: That's why the clearinghouse was such a new idea.

Hemphill: Comes later in the fifties, yes. There's a leveling-off period, from the time the war was over, and the physicians started returning to their own communities and going into practice. This is still a transition period in '46 and '47.

It was then that Dr. [John] Upton returned from the air force, Dr. [DeWitt] Burnham from the navy, and started up their practices again in this area. We started discussing what we might do to help in the establishment of more community blood banks like Irwin and Peninsula Blood Bank, which was called San Mateo Blood Bank at the time, what we might do to encourage and be of assistance.

LaBerge: So before they came back from the war, it was just Dr. Curtis Smith?

Hemphill: Mostly, yes. There were others. There was a Dr. Harry Wycoff, and a Dr. Clayton Lyon, all of whom are deceased. They were the technical committee. But during that era, it was pretty much a small coterie of people. For technical information, it was Dr. Wycoff and Dr. Lyon. He, Dr. Clayton Lyon, was also involved with the San Francisco General Hospital blood bank, so it was all very collaborative.

LaBerge: But being there every day, Dr. Smith was there every day?

Hemphill: No.

LaBerge: He wasn't? Just you, you were really the one?

Hemphill: Yes.

LaBerge: So Dr. Smith had his own practice someplace else?

Hemphill: Yes, downtown, at the Medical-Dental Building. And at the hospital.

LaBerge: So you would just call him if you needed--?

Hemphill: It was mostly telephone calls if there was something I wanted approval of, or if there was something I wanted him to read or see, we would send it down by volunteer drivers to his office. You just have no idea how busy everybody was taking care of people. This community was booming because of people moving from all over the United States to come to the shipyards and to take over defense jobs. People of various races, various nationalities, were all coming in. So many physicians were already in the service, so that the physicians here were overcommitted and the hospitals were going full speed. There was then a tremendous need for our service growing all the time.

Refreshments at the Irwin Mansion

LaBerge: Could you describe to me what it was like when you came on the job? Did you have an office or set up an office, or how did you go about--

Hemphill: We were in the Irwin mansion. Really the office was not more than probably eighty square feet. It was very small, in the basement of the Irwin mansion, adjacent to the wine cellar. Mr. Knapp would come there, and we would sit side by side, and he would teach me the financial part of it and the organization part, or who was in charge. There was a supervising nurse, a technologist in charge of the laboratory, and people working in the supply room. There was obviously a registrar--

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Hemphill: I referred to the volunteers delivering blood to the hospitals, serving refreshments, greeting donors and bringing them from one place, after they had their preliminary examination, to the donor bed. In this era, when I first came to Irwin Blood Bank as a volunteer and subsequently, refreshments were coffee and tea and orange juice and cookies, and bourbon or sherry.

LaBerge: I read that! Tell me about that.

Hemphill: [laughter] If I were to meet anyone of a similar age group, or someone that survived the forties and are still living and functioning, the one thing that was remembered was the era of bourbon or sherry. They'd laugh and say, "I remember when you used to give bourbon or sherry!" That was thought medicinally to be good for you. It made you feel bolstered after you gave your pint of blood.

So that was done until 1951, when we started in the Korean War. Then somebody said, "Well, what if you serve liquor, and some accident happens?" In fact, we even did it beyond 1951. I can't remember the year we cut it off, but certainly by '55. By '55 when we moved to the new building, it was really getting to be a no-no because of the potential liability, the insurance, what might happen if somebody drove off and then went to the nearest bar and had more drinks, and we were guilty. We started with all of the inhibitions, all the reasons you can't do this, you can't do that, because of product liability or some other legal thing that impeded.

So we are in '45-'46, aren't we?

The Mobile Unit Operation

LaBerge: Yes. And you were kind of describing when you started, you had a little office. Were there charts, or lists of former donors, or what kind of system--I mean, today we have the computers.

Hemphill: Oh, everything was done on three-by-five cards, by blood type. So the ways in which we recruited donors were: they came to the blood bank directly to replace blood for a friend or relative, or to pre-deposit--remembering, it's called a blood bank. The whole concept was based on monetary blood banking system. You made deposits, and you made withdrawals, maybe for yourself, or if not, for a friend or a relative. You had a credit in the blood bank, and when somebody needed a transfusion, you'd transfer your credit. The blood had long been used, because in that era, blood was being preserved for six days, and then ten days ultimately, but it was short-lived. We gave you credit for one year. And that was a donor incentive for blood donations.

Then we had donor clubs, whereby fraternal organizations and business concerns would have our mobile units come to their headquarters. We would set up in a facility that they designated for us, and we'd bring in our donor beds, cots, if you will, and bedside tables that would have our supplies. The staff of the business or fraternal organization would help us with the amenities, of arranging the appointments, greeting the donors, helping to serve refreshments, and so forth.

The generosity and the support and the cooperation of the business world toward the furtherance of the community blood service cannot be overemphasized. And that's true for

fraternal organizations and social clubs, and the chamber of commerce, and all of the groups that made the city function cooperatively with community spirit.

So people either gave at the blood bank, or we went out into the community and did our blood collection, but always brought the blood back to headquarters for processing, labeling, and then ultimately distribution to the hospitals.

LaBerge: Were they going out to businesses with this mobile unit before you came, or did you institute that?

Hemphill: It was very limited, especially for Irwin, because of the fact that it was the Red Cross collecting for the military, which was the emphasis. So they would do a few. But it became very accelerated and very paramount, because from '45 on, we collected most of our blood on mobiles. That became the main source of intake.

Then at a later date, I initiated reaching out beyond San Francisco into Marin County, and even before the Alameda-Contra Costa Blood Bank was formed in--I'm not sure whether it was '48, I think--but we used to go in mobile units even to the East Bay and Marin County. Then in '51, the Southern Pacific gave Irwin a railroad car, which they would attach to their engine or regular train and drop us off on a side track, and then we would collect blood and bring it back for processing. And then we set up permanent blood collection facilities in the geographic regions that we supplied. So I'll talk more about that when we get into the fifties.

Expansion During the Korean War, 1951

Hemphill: But in 1951, we were increasing our mobile unit operation. The blood bank was growing.

I sort of regret it isn't too easy to find in these files of so many years, the growth in volume between what we drew up until '45 at Irwin and the rapid expansion through the forties, the fifties, until the conflict in Korea began, 1951. That was a big boom for us, because we collected during the Korean War over 100,000 units alone for both civilian and military use. But that came about in August of '51, and it was a rapid expansion. As I look back, I can't see how I ever lived through that era, because I was so involved and committed to seeing that we would not be out of the military blood program like we were before. [hitting table for emphasis]

LaBerge: In World War II.

Hemphill: I was absolutely obsessed with the concept, no more two systems collecting. And that, of course, was another point--I haven't started on Red Cross yet--but they started to expand from '48 on, coming back into the field, starting blood banks. And that's another whole era in a way, of the growth and development of what their master plan was, and what--I hate to use the first person again--but what I felt and how I was trying to get colleagues in other parts of the country to be collaborative with me.

So I'm sort of skipping around a lot.

Recruiting Volunteers and Staff

LaBerge: No, we're coming back to the same spot. How did you make those contacts with businesses?

Hemphill: Primarily by phone call. We had a volunteer corps, and as I mentioned, the physicians' wives, Medical Society Auxiliary, and doctors whose patients were the executives of the business firms would give us leads. We'd call up and say, "Dr. so-and-so suggested I call you." It was an era of transition, total transition. So people knew about the war, these executives had either been in their companies through these war years and were familiar with sending their employees or having their employees give blood for the military. They knew that there were still many wounded, and also now that blood was being used much more frequently for the treatment of medical and surgical patients, and so they were very cooperative.

It was an era when blood banks were not taken for granted. The need was clearly depicted; the support for it was there. Certainly there were people who were apprehensive and didn't want to be donors. We're not trying to imply that everybody was for this, but unless you had a great prejudice--because you would find every reason not to give because you were afraid or something--why, you really had community support.

So it was a wonderful, early pioneering growing era for Irwin, as I said, '45 and '46. It's in that era too that we're now, from the laboratory point of view, going beyond just blood typing and tests for serology and bacteria testing, but the Rh factor is coming into focus as it relates to the importance of blood transfusion. So we were aware of laboratories in Florida

and New York that were producing blood typing serums. We were not making our own typing sera, for A-B-O-Rh typing. We were getting commercial typing sera. Then we learned that there were limited amounts of anti-Rh typing serum available, so we were in correspondence in wires and so forth with people making this serum, so that we could have it available to do blood typing, because that was a factor to be considered in giving a transfusion, besides just A-B-O, the main blood groups, there was Rh typing.

So very great changes were taking place, and it was an exciting era, enthusiastic era. Every minute of every hour of every day, you were trying to take on more new things. It was so stimulating, and just a happy time.

LaBerge: Did you make changes in the staff?

Hemphill: The staff would be growing, particularly in nursing, because of having people at home at Irwin to draw blood, and also sending out more mobile units, so the staff was growing in volume.

LaBerge: Was that one of your jobs, to recruit--?

Hemphill: Oh, yes.

LaBerge: How did you go about doing that?

Hemphill: Well, there were employment agencies, or the nursing registry. You would try to get people to come and work at the blood bank. And for nurses that perhaps didn't like evening shift there were incentives, you know, on the basis that our work was mostly daytime. Sometimes we would have night mobiles to fraternal organizations, such as the Masonic Lodge which was a very great supporter of the blood program. It was a very active dynamic organization at that time. People were returning from war efforts, starting families, in their thirties and younger age groups; for worthwhile causes, they were willing to help on committees or be on a board or be in charge of getting their members to give blood when the mobile came, or bringing them to the blood bank on Saturdays or after hours.

I guess I'd have to say my theory was, whenever anybody will come, whatever hour of the day or night, we'll be there to draw.

LaBerge: So Saturdays you were open?

Hemphill: We were open on Saturdays, yes. And Sundays, we tried to close, but if there was a group, we'd be open on Sunday.

Morning, noon, or afternoon. No, service was the main, the key. Because the attitude I was trying to imbue was, someone is giving us something. If you're given something, you have to accommodate the giver. It was just a given that you would do that. And we were secondary as to what we would like to do or not do.

LaBerge: What were some of the businesses that were particularly supportive? Like you said, Masonic Lodge.

Hemphill: We had also the Knights of Columbus, and the Rotary, and the Elks Club, and the Eagles, and just innumerable fraternal organizations. The businesses were banks, insurance companies, the phone company, PG&E [Pacific Gas and Electric Company], McKesson [Corporation]. And of course, we were getting great support from military installations during this time, because in the late forties, the defense department was downsizing--I don't think it was called defense department--it was the three branches, it was the army, the navy and marines, and the air corps. But they were all downsizing.

Military and their families were all treated in military hospitals at that time, so that I really did a great reach-out --and because my husband was in the military and being a military wife--I really sought the military as far as being with us. Not disparate, not them and us, but us, collective.

Sole Lay Person on Board of Directors

Hemphill: We asked to have representatives of the military serve on our blood bank board, because we were getting our board back again, because the doctors are returning. We had a board of directors, and then we had a technical committee, which took care of the scientific and technical aspects, and made recommendations to the board on new techniques and new improvising of equipment and supplies. Then we would bring and have the military represented on our activities within our programs.

LaBerge: Did you set up the board? Had there been one before you came?

Hemphill: There really wasn't a board per se. Let me put it this way--there were a group of doctors whom I had already identified that were on it, but it was not meeting continually or in any real organized fashion. It was whenever they could get together.

LaBerge: So you organized it.

Hemphill: Well, I helped.

LaBerge: How did you pick people to ask to be on the board?

Hemphill: Irwin was always primarily managed by physicians. That was the greatest majority. It really wasn't until, I guess it was the sixties or the seventies even, mostly the seventies that we were able to get lay members on the board. But we would have the support of everybody in the community, or if you wanted something, you could call the head of the PG&E or you'd call the phone company or whatever.

The blood bank was a magic name. Today, by my opinion, it's an entity along with everything else. Being taken for granted now is really the way it is. And yet, it shouldn't be, because it rates up there with fire, police, trauma service, and blood bank. It isn't the glamour and doesn't have the mystique and great humanistic feelings. I'm being general now, but in the community as a whole, it isn't paramount in your thinking. Whereas in those days you could call up and say why you needed help, and you're from the blood bank, and it was magic, in comparison.

LaBerge: How were you perceived or treated as a lay person running this? You were maybe one of the only lay persons, and the rest were physicians. What was that like for you?

Hemphill: Just never a problem. Never.

LaBerge: That's kind of amazing, though, isn't it?

Hemphill: I was just one of the boys. I really was, with the board. They trusted me. Is that what I mean to say? I guess they did, because I never had--it was just a very family affair. They could see results. And again, the results came because those of us in it day by day, internally, were able to get support externally in the sense that it was a very appreciated service. There was no dissension. I had great respect for what I could do. I tried never to get out of my depth in the sense of prescribing therapy for anybody. If I felt that it wasn't clear-cut--that I did not have a clear-cut answer to something, I would seek medical advice. [telephone interruption]

LaBerge: So anyway, you were treated with great respect, and vice versa: you were respectful of your position.

Hemphill: Yes. And the hospital. I think I tried to know as much as I could about my own field, and if I didn't, it was never a problem for me to say, "I don't know, but I'll try to find out." I had realized that nothing could be accomplished without support from hospitals, the medical society, not only at this point the San Francisco Medical Society, but as we started to go throughout California, it was other medical societies. It was the California Medical Association; it was the American Medical Association. You had to read every journal that you could possibly find, whether it was in laboratory medicine or whether it was the medical journals, knowing what doctors were thinking, what they were finding out.

You had to allow certain time every day to keep up with the literature, because somebody would have an experience somewhere overseas, they'd write about it, and you were eager. Then within the staff itself--I certainly couldn't do everything all myself--I'd have other people read journals, and we'd tell the doctors, "If you read anything about blood banking, please give it to us." So we started to form our own little library.

Connection to San Francisco Medical Society

Hemphill: We were at that time in the headquarters of the San Francisco Medical Society, which had a very good library on the upper floors. In the building where we were housed, we were originally just in the basement area. The first floor was all the medical society and their library and their offices, and the upper floors was a medical fraternity. So we were able to get students who were part of the fraternity to work for us at night and take night call, and weekend call, that lived right in the building. So that was really a good arrangement for us.

LaBerge: What fraternity was it?

Hemphill: Gosh, I don't remember. It was medical--most of the students were at Stanford. It was when Stanford University Medical School was still in San Francisco, so they would just go over to Clay and Webster to school. The fraternity was housed in the medical society headquarters, and those that were a part of that fraternity would work for us. We were not exclusive: they would get other classmates that were not of that fraternity, but they were responsible for our coverage, and we were responsible for training them.

LaBerge: Oh, that was good.

Hemphill: And that's the way it was until we moved from that building in 1955. But before '55, we were already planning the new building, around '52.

LaBerge: So what was the actual connection between the medical society and Irwin?

Hemphill: The San Francisco Medical Society was the corporate owner of the blood bank. Their board of directors, when they functioned on behalf of the blood bank, were called administrative members of the blood bank corporation, which is, has always been, a 501(c)(3) nonprofit California corporation. So that was kind of the super-board of the medical society.

Then they in turn appointed physicians known as the Blood Bank Commission, and the Blood Bank Commission was the immediate governing board of the blood bank. Then as part of that, we had this technical committee I referred to. I reported to the chairman of the Blood Bank Commission, and in turn, I was responsible to the administrative members through the commission.

LaBerge: So would Drs. Burnham and Upton and Smith have been on the Blood Bank Commission?

Hemphill: Yes. That's right.

LaBerge: Is Irwin still connected to the San Francisco Medical Society?

Hemphill: No. I think it was in '92 or '93, Irwin is now a free-standing 501(c)(3)--

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LaBerge: Since 1992 or '93.

Hemphill: Yes. I'll find out exactly. Remind me.

The medical society severed its relationship with the blood bank, and Irwin became a free-standing 501(c)(3) corporation with its own board of directors composed of physicians and community leaders.

The medical society moved off-campus to its own building on Sutter Street, and the blood bank had to purchase the portion of the property which had been jointly owned by the blood bank and the medical society. The blood bank had 80 percent of the property, was responsible for that share of it, and 20 percent was medical society. So we had to buy them out for that percentage.

That was very timely and right, because the blood bank needed to expand. Actually, the medical society has its own problems in today's world, and felt that it had to take new directions, and that the blood bank had become so large as well, and very complex.

"Mrs. Blood" Helps Other Communities Begin Blood Banks

LaBerge: I think I interrupted you from some of the things you were going to say about the forties and fifties, or the volunteers.

Hemphill: I would say that from being on the United Way board, I had learned so much about the community and its operation and its functions, and as a result of doing that, met so many other people that were doing innumerable things in the community, that it was a very great learning experience.

LaBerge: And it got your name out there too, I suppose.

Hemphill: Yes. I think so, in the sense that I was never a silent server. [laughter]

LaBerge: It's reminding me of how you learned from Hazel Bond.

Hemphill: It's true. She was very dynamic and very identifiable. But anyhow, I don't think I really became that well known in the community, until the latter fifties, early sixties, when I started doing a lot of things with--when I look at the scrapbook, I was doing things, but I certainly wasn't--I guess I got to be known as Mrs. Blood. [laughter] "Well, there she is," people would say, "there she is." And I'd say, "Yes, I want your blood, your money, and your volunteer service." What else? [laughter] Your children are safe. But anyhow, that was the way it was.

My first example of fundraising was in the early fifties, as we started on the California blood bank concept, blood banks up and down California. The California Medical Association, through Dr. Upton's efforts, would loan money to a medical society that wanted to start a blood bank, a non-interest-bearing loan, and then the medical society would also get some financial support from businesses and other organizations in the community to start a local blood bank. And it was very much in favor, because everybody wanted to have one. They could see, too, the good that was being done as a result of blood transfusions.

So, concurrent with running Irwin, Dr. Upton and I would fly or drive to other parts of California, and meet with the president of the medical society and their board, and tell them about how we would help them get the loan, help them with training their people, and give them a plan of organization for blood banks. Hence, I showed you that organization and administration of blood banks manual in the other room: it came out in '54, but it was in process from 1950, because I felt that there was a great need for something like this, to help other blood banks get started.

In this forties period when the doctors were back and we were starting to see the need for blood banks elsewhere in California--I'm sorry, I was ahead of myself talking about the fifties--because we were also, before we had the idea to get the California Medical Association behind blood banks, or loan money, in '48, the Alameda-Contra Costa Blood Bank--'47-'48, I'll have to check that--they were interested. You see, we were going into the territory, doing mobile units, and sending blood to those hospitals, but also they decided that society would have its own. Sacramento Medical Foundation Blood Bank, in the same year, and then San Diego, Santa Barbara, were all interested. Everybody was interested in this. There were always eager-beaver doctors coming back and wanting to get going and starting.

Red Cross Offer and Irwin's Response, 1948

Hemphill: I left out an important point. In 1948 we had a visit from an Admiral Ross McIntyre who was appointed to be in charge of the Red Cross starting a civilian blood program throughout the United States. Admiral McIntyre--now deceased--called on us and met with our board of directors, and told us that the Red Cross planned to have regional blood centers throughout the United States based on their expertise and what they had done during the war and their organizational ability, and the fact that they were a quasi-governmental organization, and that they were going to give blood to everyone free of charge. No charge.

At that time to get blood, as I explained, from the Irwin Blood Bank, we loaned it to you. We hoped you would replace it. And the charges were, say, twenty-five dollars.

LaBerge: A pint?

Hemphill: A pint. And when you replaced it, twenty dollars was refunded. It was about five dollars for the bottle, the laboratory work, the rubber tubing, the needles, the supplies, the refreshments. I'm not sure, as I said, whether it was twenty-five and you got twenty back, or it was thirty but nevertheless, that was the whole principle. And you didn't have to replace it if you belonged to a donor club, because a credit would come through, and we would credit the person.

I mentioned earlier that the Red Cross was the main social welfare organization in the United States, known by all the military throughout the war years, with Red Cross canteens everywhere. Many of the servicemen said they sold donuts and coffee, but I wasn't charged, so I can't say. But the whole point was that the Red Cross wasn't that popular after World War II by some people.

From my dealings with the Red Cross in Hawaii, I could now see that this was going to be a great big winner for money and prestige and power.

Admiral McIntyre told us that when they got out to this area, they'd like our cooperation, and they would buy us out. Quote, "buy us out."

LaBerge: And where was their money going to come from? The government?

Hemphill: They had lots of money, after World War II, because the government gave them great support, corporations gave them great support--they were the number one. You didn't really hear about United Way, that was an afterthought. There's probably always been Boy Scouts and Girl Scouts, but when you thought of a big philanthropic organization, it was Red Cross, and they let you know about it, because again, it was quasi-governmental. It's chartered by Congress.

A tremendous number of their board of directors even today is the cabinet of the United States, their ultimate board, their top board. Then of course, they have a lot of affluent people from Fortune 500, and many community people too. In the forties, it was a very big organization. It's like a--I hate the term--fly on the wall, who are we way out here? Except we were first. And from my experience, bigness is not greatness. I was never a fan. That's the best way I can put it. Based on my personal experiences. Amen.

LaBerge: So how did you respond to him?

Hemphill: Well, you know, I was only there. I wasn't the board. But we listened. We were starting to get requests for other blood

banks in California and so forth, so it was an impetus, I guess one would say, for us to proceed, because we were not to be intimidated, and believed in the rights of people. We believed far more, and this is a very key part of my career. I'm not sure I would have done it the same way today, but since I was there at that point in time, because we were very successful in the islands and were able to do it, I could see the idea of having a territorial blood program. The United States is very big.

Dr. Upton and I talked about this so much, even Irwin did not need to help the Alameda County Blood Bank start, because we were able to collect blood and distribute blood and supply blood there. Up to Sacramento might be a little far, but if you go from this '48 period, '49 period, until '51 when we started with the railroad car and a lot of other things, we could have been a giant ourselves. But whether it was the fact that the Bay was there, or that that part of northern California was growing, we believed in local options, local support, local control, some diversification. Thinking of disaster, not very far out of the war time, there is a vulnerability if you go too far and try to take on too much, unless you were the American Red Cross or some big national organization, or the government itself.

But from then on, I would say we were never government-oriented. We were private sector, though maybe that wasn't the term used then. And we felt that regional blood banks were the best way to go. Hence, California developed twelve of them.

IV CALIFORNIA AND NATIONAL DEVELOPMENTS IN BLOOD BANKING

Beginning of American Association of Blood Banks, 1947

Hemphill: It was also '47 that the American Association of Blood Banks was formed. At our first meeting, it has been said that the American Association of Blood Banks was started to fight the Red Cross, and that was really not a factor. But those of us who were doing free-standings certainly were aware and knew a great deal, and we weren't welcoming the monster. [telephone interruption]

LaBerge: So you did not form that to fight the Red Cross [people], but it was perceived that maybe you formed the American Association of Blood Banks to fight--

Hemphill: Yes, that was what the Red Cross were saying, and you'll find that in the history of the AABB, that it was <u>said</u> that it was founded to do that. It really was not, because from the private blood bank point of view, there were blood banks at this time in Hawaii and in California--namely, there was Irwin and there was San Mateo, and we were starting with Alameda-Contra Costa. There were blood banks in Florida starting, and the first blood bank was in Chicago. So there were many more hospital blood banks coming into operation, and some nonprofit community blood banks as well.

In the concept of how the American Association of Blood Banks started, we would say that it was not just for the Red Cross, but there were tremendous inquiries going on for the formation of both hospital and nonprofit community blood banks. Whereas concurrently, the Red Cross had its master design or conception of what it wanted to do.

So at the formation, it was very clear that the Red Cross was not in favor--they didn't come to our formation meeting in

Dallas, Texas, in November of '47--and also there were these national figures that were surfacing and communicating with the government, and getting support for Red Cross to have this big national program. We were very small in comparison to what the potential was for the Red Cross to achieve its goal if people wanted them. There was nothing we could do to impede their program. In that sense, they were free to do it.

On the other hand, those of us that are independent spirits, felt that it was better for the country that we not have a monopoly, but a pluralistic system.

LaBerge: And Admiral McIntyre went on his way?

Hemphill: Yes. He headed it for a while. They had admirals and generals that were in charge of the Red Cross program, or also at the board and director level of the American Red Cross after the war for several years. They had General Grunther and General Grant and Admiral McIntyre. So these generals had great clout for being able to work in Congress and work in the military, Department of Defense, relative to either curtailing local arrangements that we had here, and trying to cut them off. So ridiculous.

I'm having a hard time, but this is the truth.

LaBerge: You haven't kept it a secret from anybody, either.

Hemphill: Well, no. [laughs] I haven't, but I couldn't tell you that I would have an army of friends behind me, either. They'd play the game. There are very few people with much courage and commitment to what they believe in, speak up, and speak out.

Thoughts on Government in 1995

Hemphill: I want to tell it as I see it, but I'm not an angry woman. But it's my side of the story, as I saw it. And there are many others who are long gone, but also would attest to it, and maybe in more couched terms than I say it. But I would say today that the Red Cross has not accomplished its mission; I was totally consistent, and obviously, I was an impediment. Even though I've been gone from an active role since '82, and there has certainly been a far more would-be coexistence--would-be--but underneath it all, there are still those who are functioning that do not trust the Red Cross, or under any circumstances want a part of it.

But I would say maybe in x years or so, that they may ultimately become more dominant if they have their way. They've never sought not to be uno numero. There's no doubt about it. It's just that we grew up as we did, and I still don't think it's been a detriment to the public, the fact that we've had pluralism. And if you need anything more than an example from today, our programs that have not worked nationally, whether it's welfare or the other social programs, we're going back more or less to states' rights, and/or community decisions. I happen to feel that if the federal government is trying to dismember itself in some ways, to have less control over people, that ultimately, we have to be self-sufficient, self-sustaining. We have to depend on civic pride, local involvement, volunteerism, and it's much easier to accomplish it regionally than it is on a big national scale. That's a personal opinion, again, but I see the trend is sort of going in that direction.

The food stamp program, if we are to believe the fraud and all the things that are happening, is again bigness. It's not greatness, and it's harder to manage whatever program you're doing if you don't have vigilance at local levels. It's the same concept. If I don't like something the government is doing, what chance do I have to get to my senator, my congressman, to get to the rest of them to get anything changed?

And a blood program is a very personal program. My own personal feeling is that, by getting away, which has happened, from the blood bank having a much more personal relationship to patients and to donors, and not knowing who that patient is--certainly they do from hospital records--but having no personal relationship with that patient, to get gratitude and appreciation and support, demonstrates itself today in the fact that the blood bank more or less is like a wholesaler to a hospital, who in turn has the patient. The connection or the relationship is not depicted as prominently as it should be. Personal opinions.

LaBerge: People probably would not debate this. People will use it for research, and then maybe write about the American Red Cross, write about blood banking, and get all this different input.

Hemphill: I hadn't thought about this before, but maybe at the blood bank in the P.R. department--well, of course, in our files we have all kinds of things, I guess, that when we were going through this lawsuit, what people felt about it, that they were very clear that this is just somebody doing it to cause problems and

for their own self-interest. Of course, we were on the defensive.[1]

Since that time, because there were these really competitive and antigenic relationships, they tried to form a national blood program under the [President Richard] Nixon administration. All this will come later. But then they formed the Joint Blood Council to bring us all together, all parties, so there would be peace and harmony. Well, there was more politics in those outfits, and they never lasted very long, and then the American Blood Commission was formed. Then they got rid of all of those biggies, because the labor unions would be with the Red Cross, and the medical society, the pathologists and the AMA [American Medical Association] and so forth, they'd all vote together. [laughs] It was a kind of comedy of things.

Today you have many organizations in blood banking. So the American Red Cross has its blood program. Many Red Cross centers now belong to the American Association of Blood Banks. And many of their physicians, nurses, technologists, belong, for their technical and scientific knowhow. There also are independent and hospital blood banks that are in the American Association of Blood Banks, and there's a group called the Council of Community Blood Centers.

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LaBerge: Okay, there's the Council of Community Blood Centers.

Hemphill: Maybe fifteen or so of the big private blood banks in the country belong to that for their own political reasons and sameness of function and operation and goals and objectives. There are other groups that are functioning as well. So today, when the government is trying to change things in the Food and Drug Administration, or make pronouncements of any kind, they really have to communicate with these various groups. And so, in a way, there would be acceptance of each other, but still, differences.

LaBerge: Shall we stop there, and next time start with forming the American Association of Blood Banks, and then go on into the fifties?

Hemphill: Yes. You remind me.

LaBerge: I will, I will.

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[1] There are such files at Irwin Memorial Blood Bank. --ed.

Inquiries from Communities Nationwide

[Interview 5: March 23, 1995] ##

Hemphill: So to continue from post-World War II, that was a period of great transition. Physicians who had been in the military were returning to private practice; they were so much more aware of the need and the importance and the vital role that blood and plasma could play now, both within the civilian population, to say nothing of the wounded that were still being rehabilitated from World War II.

There was a great demand from various communities in the United States that knew of the Irwin Blood Bank's operations to learn from us.

LaBerge: How would they have heard about Irwin?

Hemphill: They would hear about it word-of-mouth. Mostly, I think from doctors that knew of our activity. There were articles, not many, but there were some articles written by Dr. Upton and Dr. Burnham in medical journals.

LaBerge: Maybe at medical meetings or something like that?

Hemphill: Medical meetings. So that from various parts of the country, we would get letters, and some telephone calls, asking us how to start a blood bank. You'd have to take that phrase alone: "How to start a blood bank," by letter. It's in itself awesome. I can remember opening the mail and saying, "Oh, no." Because it meant volumes, and they would just maybe write three or four sentences: "We want to start a blood bank. Would you please tell us of your operations and where to start?"

Then you'd have to go back to them and say, "Well, what's the size of your community, how many hospitals, and how large do you think you want to make the blood bank?" You know, all the questions that go back and forth. So correspondence was very heavy, just on those things alone, to say nothing of the fact that you're trying to grow and expand and do all kinds of changes within your own organization.

Learning About Rh Factor

Visiting Dr. John Elliott in Miami, 1947

Hemphill: It was in early '47 that I became aware of the importance of learning more about the Rh factor. The person from whom we had been getting our supplies was a Dr. John Elliott in Miami, associated with the Dade County Blood Bank. And also Rh serums from New York, from Dr. Alexander Weiner and Dr. Lester Unger. In these laboratories, they were doing research on Rh factor, but also producing some of the serums that they would make available to us depending on what quantity they had, and send it by mail, so that we could do it routinely on all our blood donors.

It seemed important that I know more about the production of this serum, because the availability of it was sort of sporadic if they had a great demand or were using it and didn't have enough, then they'd say, "No shipment this week." Well, how do you automatically test some blood donors but not other blood donors, and then distribute that blood? From the point of view that it was supposed to be routine practice for us to do it, it became limiting from the fact that the supply was sporadic.

Dr. Smith wanted me to go and learn more about this. My parents--remember, I'm a married woman for x years--[laughter] thought airplanes weren't here to stay, and therefore, I should not go by plane to Miami. It was in February of 1947. Charles sailed for Guam. He had been on a ship.

LaBerge: So he's still in the navy.

Hemphill: He's still in the navy, but he had been stationed here at Alameda, because we came back in that period of mid-forties. His orders came, and he had to fly to Guam for duty. That was sad for a while. [motioning tears] He was going to be stationed at the naval dispensary in Guam, but I could not go because there weren't quarters at that time. So anyhow, I'm off to Florida.

I took a train to Chicago, and then from Chicago to Miami, and spent about a week there with Dr. Elliott. It was a wonderful experience, and very hospitable, to say nothing of my first cross-country trip, and really my first time out of California. I was kind of apprehensive about it.

LaBerge: I'm sure. Did you go by yourself?

Hemphill: By myself.

LaBerge: That's kind of risky.

Hemphill: Yes, it was. It was one of those things. I can say it's my first trip out of California by myself, because remembering I had gone to Washington, D.C., in '41 when Charles was graduating from the dental training program. So we came back together, but I went to Washington by train. And then we came back by train, and now it's '47, and I'm still on a train. [laughing] But that was a wonderful week.

LaBerge: But at that time, that was unusual, for a woman to travel alone, wasn't it?

Hemphill: Yes, it really was.

LaBerge: I mean, no wonder your parents still were telling you--

Hemphill: What to do. But in any event, Charles didn't feel that way. It was just what you did. I remember well that he went with me to Oakland when I got on the train, not knowing how long we'd be apart. Of course, we had been apart for the six months when he was in training in Washington, so I'm getting used, I guess, to being a navy wife, which you never get used to.

But then my experiences in Miami were just very exciting: I learned so much from Dr. Elliott, who was very generous as a scientist. He was not one to have a mystique and hold it all in, but he liked to teach. So it was on that basis and he would have you to his home. It was the social as well as professional, and I say that about him because he was a man who knew no hours by the clock. He worked whenever--eighteen, twenty hours a day, required very little sleep, smoked incessantly [motioning with hands], and just high-geared, intense, driven, really. Because he was so absorbed in his work.

But that was another example of meeting someone that was doing really very interesting scientific research, and yet was very humanistic and made you feel like you were--I don't mean equal, but a friend. A friend, along with this learning experience. I stayed there about a week.

I also met another very well-known, eminent man in our profession, Dr. Tibor Greenwalt. He was there from Milwaukee, Wisconsin, to learn more about blood bank operations, because the Junior League in Milwaukee was spearheading the formation

and activity of a nonprofit community blood bank. Until the time Dr. Elliott died, we were friends, and today, Dr. Greenwalt is still involved in blood transfusion and research in Cincinnati.

By that time, I already had six years as far as tenure and experience, wartime and civilian operation, in this particular field.

LaBerge: Was Dr. Elliott with the University of Miami?

Hemphill: Well, he did training programs, but he was mostly with the blood bank that I have said.

LaBerge: Okay, the Dade County Blood Bank.

Hemphill: It was in the process, actually, of starting the production in a separate corporation for the production of blood typing and Rh serums. That was what they were doing. They were producing this, the added research and interest, for the local blood bank there, which was actually smaller than Irwin at that time. But then also, they could see the importance of producing it for any other blood banks to use. It became a supplier of typing serums.

LaBerge: So was he a pathologist or--?

Hemphill: No, he was a doctor of science. He was not an M.D.

LaBerge: And I have one more question on that: was it just one-on-one learning, or was it a meeting?

Hemphill: No classes.

LaBerge: No classes, so it was just you, Dr. Elliott, and Dr. Greenwalt?

Hemphill: Actually, I was there earlier, and Dr. Greenwalt came maybe after I was there three or four days. Dr. Greenwalt is an M.D.

They introduced you to all the people on the staff, and the people in the administrative office, and again, they were just very warm and welcoming, so that after a day, you would stay. You'd go out in the evening together or something. So it was sort of a second go-round. It really was my first experience of meeting other people that were involved away from us. So we may have been corresponding with Dr. Elliott, but it was not quite the same as meeting and then becoming fast friends. And then meeting other people with whom he was associated in the blood bank, and also in the hospitals. It was really kind of a breakthrough from one coast to another.

LaBerge: Yes. In this day and age, they'd call it networking. [laughter]

Hemphill: Yes, right. Well, this was a coast-to-coast, face-to-face experience.

Dr. Elliott was very adventuresome and traveled a lot to South America and Central America; being in Miami at that time, near Cuba and all of the Central and South American countries, he knew many, many people in those regions. So they were coming, too. It was not just as if it was Bernice and Dr. Greenwalt, but there were people coming from everywhere, almost, to see what he was doing.

So he became, from my point of view, a key person for whom I had great respect, because of his openness, his friendliness, and his wanting to train and teach.

I planned to go to New York next, and Dr. Elliott convinced me to fly [laughs] and said, "I'll get you a ticket." Remember when I was in the islands, my parents didn't know I was flying around.

Visiting Dr. Lester Unger in New York, 1947

LaBerge: So it was fine, they didn't know.

Hemphill: No. But from my flight experiences in the islands, because of the volcanic problem, and weaving and dipping and everything, it was just something I wasn't that anxious to do. However, I flew to Washington, D.C., on the roughest trip I have ever experienced--it rained, it thundered, it stormed. And you just can't believe those planes in that day. I thought, [gasps] this is it. I'm never going to get there. This is the end. I'll never see Charles again. I was really scared, it was so bad.

Anyhow, I got into New York, again by myself.

LaBerge: Had you ever been there?

Hemphill: First time in New York. And I stayed in a hotel. If you can believe it, I stayed at the Plaza.

LaBerge: Oh!

Hemphill: It was so pleasant, it was so nice. But that was the name. You just knew--there weren't hotels on every corner. But nevertheless, it's February. It's freezing. It is so cold.

So I'm now going to meet Dr. Weiner and Dr. Unger. Oh, they were absolutely islands unto themselves. I mean--what's the word?--well, I guess autocratic--

LaBerge: And that describes it pretty well.

Hemphill: Who is this woman? Gosh, what was I? Thirty-ish. To them, that would be like somebody in the lower echelon. A woman? Thirty-ish.

LaBerge: A non-physician.

Hemphill: A non-physician, who had asked for an appointment with these deified individuals. Now, remember, they're not together. They're also M.D.s, but competitive. Weiner felt very superior. And Dr. Unger was really a big operator, big promoter, in the sense that he was starting to see the importance of this big commercial money, a lot of money to be made. He was well established in the hospitals in New York. Dr. Weiner was an eminent scientist, and had worked under Landsteiner with developing blood groups, A-B-O typing and now into the new breakthroughs in Rh factor.

LaBerge: Who was Landsteiner, or what was his first name?

Hemphill: Karl Landsteiner was the developer of the A-B-O system. In other words, really the breakthroughs, to know that you just can't give blood from one person to another. You have to have that blood type and match the blood type. So he had done that. Weiner had been a student of his. So Weiner was now, in his own rights, considered very distinguished. But he was very autocratic, very rigid, not very social or humanistic. But very egocentric. And that's a fact of life.

I was to have appointments with both of them, because their names were known to us. It never dawned on me that I was going to experience this attitude which I have not described, but which is, "Who is this person?"

My appointment with Dr. Unger was something like for two o'clock, and he just left me waiting until about five. A short Jewish man, very know-it-all, very much for a production, his ego. Oh, these two were unbelievable.

Anyhow, so I finally got to see him. He just showed me around the laboratories. Well, the fact that we had a free-

standing, nonprofit community blood bank, or that I had lived through all of the war years in charge of the laboratories, or my experience was really nothing. Because I was nothing. [laughs] It was the way it was. But at the time, even after that, I just thought, Oh, that man is so rude.

But I had never felt that I was being discriminated against because I was a woman, or because I was young, or because I was from the West. Those three things were no winners in New York, no way. Or as I said, it was just unheard of, because really, doctors spoke to doctors, and then it would be in a hospital environment, it would be a nurse or technician, but not anybody that was necessarily highly trained. As I go on into the long career of blood banking, the East Coast was the last to really require certification and examination. They'd take you off the boat or wherever you came from and train you, and then not pay you very much. So that was their mentality.

Whereas out here, already we had certification and examinations that were being developed for blood bank and hospital technicians--they were all called technicians then--and taking state board examinations. So this is also an entirely different culture, as far as making more rapid strides in certification and identification of being a technologist as a specialty. People had to take academic training and practical training.

Whereas on the East Coast, I don't mean to imply that there weren't people who hadn't done college work, but it was not the norm. Anybody could do whatever they wanted to, whether in a laboratory or a hospital, or hire whoever they wanted to. Whereas as I said, our area was far more discerning about standards and credentials.

LaBerge: What institutions were they connected with?

Hemphill: With New York Hospital. Alexander Weiner had his own laboratories, but he was also associated with other hospitals, a postgraduate hospital.

So in any event, after I finally got to see him--

LaBerge: We're still talking about Dr. Unger now?

Hemphill: Yes. I was surprised that it was a blood bank, but it was just two or three rooms. It was not anything that from our point of view was very organized, departmentalized, and was a community.

It was serving the needs of that hospital. There was not any central nonprofit community blood bank. Each hospital was developing blood banks of their own.

So Dr. Unger had a blood bank in his postgraduate hospital. At that time, in most cases, blood donors in New York were paid. That was the prevalent way of getting blood donors, was to pay them for transfusion, and/or for serum supply, or A-B-O, and as I said, obviously their now emerging Rh typings. So he had a nonprofit role, but he was also being active in supplying blood for transfusion, not only to his own hospital, but to other hospitals through not one central facility but out of his own hospital. That was the way it was being done. And other hospitals were starting blood banks.

After my appointment and waiting so long to see him--and my visit lasted maybe twenty minutes--then it was time to leave. It was six o'clock and it was dark and I don't know how to explain this. He kept looking at his watch, it's time to go. Well, of course, what do I do, except leave too? So he goes down the stairs [motioning circular stairs] and I'm after him. Not that I go down the stairs first, but it's okay. All the way down the stairs, several flights.

Then we get to the sidewalk, and it's snowing. I've never been in snow before. His limousine is waiting for him, and his chauffeur, and so he said, "Well, good night." [laughter]

LaBerge: Not, "Would you like a ride, can I drop you?"

Hemphill: No. And of course, this is my first day in New York, because that's where I had my appointments set up. Next day I was to see Dr. Weiner, in Brooklyn. So I was getting there by myself, which was not easy in those days. I didn't know there were subways--we didn't have a subway.

In any event, I'll never forget that experience.

LaBerge: So did you then find a cab, or how did you--

Hemphill: I ultimately had to go uptown. But when it's snowing in New York, that isn't easy, standing on the corner, to get back to my hotel, and to eat dinner by myself, because I didn't know anyone in New York. But that was my experience.

I will divert at this point, but several years later--and I had met Dr. Unger at meetings subsequently, but not more than one exchange--he came to California. Now remember, he had never been in San Francisco, or in California before. I tried

to be very hospitable and charming--my best behavior. So I invited him to lunch. After he had visited the blood bank, he saw for the first time that we did have this central blood bank. We hadn't moved to our headquarters; it was about eight or so years later. And of course, in the meantime, I had seen him at meetings, and the AABB had been formed subsequently.

But nevertheless, I took him to the blood bank, and he was very impressed to see what we had. I was "Bernice" by then, and everything was fine. Took him to lunch and everything, and drove him, drove him back to his hotel. He said, "Oh, this is just wonderful, I had a marvelous time."

I said, "You know, Lester, I want you to remember what you did to me one time, and never do it again." [laughter]

LaBerge: Good for you!

Courtesy to Visitors ##

Hemphill: Everything I want to make out of this whole oral history, is what I learned by living, and not from a book.

LaBerge: And that story tells something.

Hemphill: I want to start with it, and I want to end with it, because I can't emphasize it enough. As I would have all of these experiences, be they things that were in a way hurtful, they weren't considerate, and who am I to say? I've probably done the same thing when I was in a hurry and didn't do all the nicest things. But on the other hand, we learn by living.

The good side was, you could always come back to the donor who was doing so much. Then the other was, my husband was great, I had a good life, and the blood donors, and all the wonderful people. So you'd have to discount this, but you'd always train your people in the blood bank to, if you have guests, it's like guests in your home. Maybe you're very, very busy, but then you find a second or third person down the line. Maybe you have the manager who will do this, and the head of the lab will do something, but if you can't do that, get somebody. Have a driver take them. Do something, except not just assume, well, you've done them a big favor by meeting them. It's an entirely different dimension.

That was always the way it was at Irwin: any person visiting us was worthy of the same or similar treatment to someone in your home.

Visiting Dr. Alexander Weiner in New York, 1947

Hemphill: Anyhow, so then New York. I go back to meeting Dr. Weiner. Not a cup of tea, not a cup of coffee, no time for any niceties, just what he was doing, which was what I was there for, of course. But it was strictly business, and that was that.

LaBerge: What did he show you?

Hemphill: He showed me his laboratories and what he was doing, and then turned me over to a technician. He met me and said, "How do you do," and that was another experience of going down corridor halls and swinging doors. I'm very serious. He too is not a very tall man, not that that has much to do with it, I guess. but Napoleonic and pompous. I can remember, he would go first in a hurry, and I'm running after him, and then push the doors, and then I'd have to grab the door and go through. Not push the door and you go through first. Oh, gosh. So the social graces I found lacking in New York.

At the same time, I went to New York Hospital and met people there. I went into Memorial Hospital visiting very small blood banks, but saying I was on a, quote, like a busman's holiday. I knew of these big facilities because people in our hospitals at home would say, "Well, go to see this blood bank or that blood bank." So I met many other people whose names had been given to me by people in hospitals in San Francisco. So just call up and say hello, or if they have time, visit. So I spent about five days in New York.

LaBerge: Did you learn anything new technologically or not?

Hemphill: Not really, no. That was a very good question, because you'd see maybe different techniques. At that time, I remember Dr. Unger showing me that they tested for malaria by doing a drop of blood on a slide. Well, it's very hard to find malaria, and how could one drop on a slide--? So he would say, "Now we test everybody for malaria."

There was a Dr. John Scudder also. He was a very tall, very commanding figure. I met with him at the same time, and he was very identified in blood transfusion also. I didn't want to lose track of Dr. Scudder, but I'll come back for malaria. So then, Dr. Unger showed me how they did that. Well, we didn't test for it. Of course, it wasn't that prevalent or considered so here. I said, "But how many positives do you find?" "Well, we haven't found any." Well, it's pretty obvious, but this was done.

I guess they had in mind, they knew it was transmissible by transfusion, and that it was possibly a very early preventive malpractice kind of situation. You see, they are taking blood donors and paying blood donors, they would think of it maybe from a legal point of view. These people are coming from all over the world into New York. So that was what I learned not to do. [laughs]

But I did learn from them, obviously, their attitude toward the work they were doing certainly. I want to leave positive things. Of course I learned from them. I want to make that in the positive.

It was very interesting, because it was my first insight into rivalry. They had absolutely no respect for Dr. Elliott. He was not an M.D. He went to Duke [University] or [University of] North Carolina, I'm not sure. He was like a doctor of science, you see. But they were trying to imply that he really didn't have that much education. He was more self-learned, and this was a very empirical kind of situation by these people.

But you had to read between the lines. And remember, I'm thirty-ish in '47. [laughs] So it was another learning experience that you remember.

I've left Miami. I'm thrilled, I'm impressed, I'm just so happy to have my new friends, and to see the contrast in personalities and attitudes, and all men. And the little snide remarks they'd make. But I never heard that from Dr. Elliott. I was totally unprepared from him. He would say that this is what Weiner's doing, or this is what's happening in New York, and he knew I was going to New York, and he also gave me some insight into people to see in the hospitals. But anyhow, it's just a little human experience.

LaBerge: Yes. And you didn't seem to experience any of that at Irwin. I remember asking you how did you feel as a woman. It sounded like that was--

Hemphill: Not with the doctors.

LaBerge: They obviously trusted you, to ask you to be managing director.

Hemphill: Well, but you know, I don't think they even knew what--it was just a title. "Just run it. Don't bother me." They never said that, but run it. I had enough knowledge to know that they were in charge, and I was just doing it. But the difference is just awesome, between the San Francisco experience and the way I was able to meld. I told you how the San Francisco Auxiliary, the doctors' wives, delivered blood

and helped with supplies and canteen. They were all wives of successful physicians, and some of them who had been to war, others who had not. But it was kind of a "family" situation with the medical side, the auxiliary, Junior League, anybody that wanted to be volunteers.

But it was way ahead of the country. The concept of the community blood bank and the way it was set up, the goals, I guess, or attitudes of Dr. Burnham, Dr. Smith, Dr. Upton, and the medical society, was very unique. As I mentioned, San Mateo Blood Bank started about six or eight months after Irwin, again because of them knowing Dr. Upton. And that was a small blood bank.

I'm still talking about '47, so in California, we only had the two blood banks, plus the San Francisco County Hospital was still running its bank for just its patients. And of course, there was a little jealousy there too. "Well, we were first." [laughs] But we just never had any problems medically, or we didn't see any rivalries or anything like that.

This was sort of my first little insight into its human side. To sort of conclude that--there came a day maybe in '48 or so when, though we were getting serums from Dr. Weiner, we got a note, a wire, "No more." But then I got in touch with Dr. Elliott because of my visiting and he continued to serve us, even though there was a dearth. They were not able to produce as much as was needed, as more hospital blood banks wanted to test, too. Where are we going to get our serums? But he did, and then Dr. Elliott came to San Francisco that same year.

I have a certain partiality toward the support we had, and the caring for us, and recognizing we were a central community blood bank, and again, we were in the same medical society building. Dr. Elliott was in the hospital environment of the Dade County Blood Bank, and it was in the Miami main hospital--the county hospital, General Hospital. We called it General Hospital in Miami.

LaBerge: So how long totally were you gone?

Hemphill: I was gone about two and a half weeks.

LaBerge: Okay. And you took the train home?

Hemphill: Yes. I had to take it round-trip.

LaBerge: When you came back home, did you do anything differently?

Hemphill: No. I wrote up a report. I tried to find it, and I can't. Sorry about that. But then I reported to the board. The blood bank board of directors was getting back in place, because Dr. Burnham, Dr. Upton are back, and Dr. Lyon and other people were on the blood bank board of directors, getting more active again.

Marjorie Saunders Organizes Meeting in Dallas, 1947

Hemphill: Then about mid-July of '47, we had a visit from Marjorie Saunders, who was an attorney in public relations at Baylor University Hospital. She came by train and visited us, and asked if we would be interested in attending a meeting in Dallas, Texas, in November, to form an American Association of Blood Banks. Now, at Baylor, that was a hospital blood bank, and in Dallas, there were only hospital blood banks. When I say only, I mean that if they had blood and there was cooperation between other hospitals, they would share or help. But it was just forming and starting.

That is what I'm trying to go back [to Washington] and get some of the books from AABB of the first meeting, because there are quotes. The proceedings are there, and I want to Xerox some of that.[1]

LaBerge: Oh, that would be wonderful.

Hemphill: And show who was there, give recognition, and what we did.

When we went to Dallas for the founding of the American Association of Blood Banks in November of 1947, it was very hospitable. I can't say it was due to a woman, Marjorie, but she was a very gracious person and very intelligent. We'd work all day in three ways, I guess you'd say. It would be trying to organize the association, from both incorporation, who would be on the first board of directors, the bylaws, the articles, so it was an organizational meeting. But it also was a scientific and technical meeting. And the third aspect was, every night there was something social. Very lovely things, dinners with place cards and Texas memorabilia. But just a lot of warmth and happiness, and just an exciting experience. There were about 100 people. Hawaii was represented by Mrs. Bond and Dr. Pinkerton. From our blood bank there was Dr.

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[1] See Mrs. Hemphill's papers at University of California, San Francisco Archives.

Anthony J. Rourke, who was on our Blood Bank Commission, and Dr. Curtis Smith, and Mrs. [Dorothy] Smith, who was very active as one of our volunteers, and myself.

LaBerge: Did your husband go with you?

Hemphill: No, he was in Guam.

LaBerge: He was still in Guam, okay. He was in Guam a long time.

Hemphill: A little short of a year and a half. They went on a ship.

LaBerge: You know, it's eleven. Should we continue next time and start with this first organization?

Hemphill: Is that all right? I hope you feel it hasn't been too short.

LaBerge: Oh, this was a full interview.

Expect the Unexpected

[Interview 6: March 29, 1995] ##

LaBerge: Last time, we decided we were going to start with two things. You told me to ask you about, "expect the unexpected," that that's one of your themes. Do you want to elaborate on that first?

Hemphill: Yes, it ties in with working with people of different ethnic races, when I'd say, "How many bottles do we have, how many blood collection sets do we have?" It really belongs way back there. It's early on. It would be, "Oh, lots." Well, to me, "lots" would be cases of something, or boxes and cases of things. But to them, it would be six or eight or ten. It wasn't just that, it would be "How many blood donors?" Well, to me, we were talking about fifty, 100. And instead it would be just five or six people outside.

But it was all terminology. If you were going to have mobile units go to the military, and you'd expect 100, 200 donors, and only to have the military captain or the lieutenant call the night before and say, "Maneuvers, and they're going to ship out, and no blood." And yet you were supplying the civilians and also helping supply the blood for military hospitals.

The end result was then, how do you recruit an equal number of donors from businesses or from phone calls, begging and pleading, to whomever you could think to contact? So as I said, I learned early on in my work to expect the unexpected, because you have to solve something then and now.

And obviously other things. You have a time frame that you could take to look at a problem, and pros and cons, and find solutions. But I find that in today's world, in contrast to then, things are moving at such a markedly rapid pace that it's well for almost anyone to expect the unexpected. We all know that, whether it's how we plan our day and how it's not going to happen, because of some exigency or something else comes in that changes it all around. Or, you have computer failures, or experiments don't work out, and just all the unknowns.

I'm being repetitive, but I like to have several quotes, and I feel that bigness is not greatness. If tomorrow, the other blood banks in this area all decided they would get together--or rather that they'd go out of business and we'd have just one agency, bigness is not greatness, whether it's the United Way--there's too much power, there's too much dominance, dictatorship, lack of freedoms really, or decision making.

So I think that there are sizes of blood centers, regional, where one can do very good work--I mean, not only drawing and collecting and processing blood, distributing it, and other allied services, centralized blood typing services, testing services. All of these should come from a quality service, efficient and economically feasible, not because one wants a kingdom or a power structure, or to be dominant and the total beginning and the end, with big power and control.

Beginning the California Blood Bank System

LaBerge: Why don't you tell me about the beginning of this, of the small blood banks, and the California Blood Bank Commission, how that came about?

Hemphill: I did do some of that, didn't I?

LaBerge: Not the California Blood Bank Commission, anyway. Or should that be part of American Association of Blood Banks?

Hemphill: No, it's a concurrent time, but it is two different things.

LaBerge: Okay, so why don't we talk about the state?

Hemphill: Before the Dallas meeting, the impetus for more blood banks, like Irwin and San Mateo Blood Bank, now called Peninsula Blood Bank, were getting underway. The doctors were returning from the war, seeing the effectiveness of blood and plasma, and they were now going back into practice, and wanting similar services.

It was Dr. John Upton who had the idea to ask the California Medical Association to assist in helping physicians start blood banks. He went to the California Medical Association and asked if it would be possible for them to give non-interest-bearing loans to medical societies that wanted to start a blood bank. And that I, and/or our staff, would be helpful with all of the organization, administrative and operational side, technical details.

So as a result, he appointed a small committee, or the CMA did. They accepted the concept, but they wanted to know more about it, so Dr. Upton chose, I think it was two or three doctors only to further explore this, and then asked me to be a coordinator for this program. I was to do all of the fundamentals, review the community population, hospitals, number of doctors, potential donor population, along with my being, at this point, the managing director of Irwin.

So then the committee would meet, and we'd think of areas that were interested. Alameda-Contra Costa, because we were supplying blood to the hospitals in Oakland and in Alameda at that time.

LaBerge: Yes.

Hemphill: Sacramento became interested. I think that was the fourth one in the system. It wasn't a system at that point, but we were just doing this. Really it was Dr. Upton and myself. And of course, these other two--Dr. Burnham was interested, but not really actively like Dr. Upton and I. We had to do the work, if you will. We had to do the organization. We had to sell, market, promote, encourage.

This now is '47, '48, '49, and '50. It was at that time that the Red Cross started to rethink their coming into the field of blood banking.

So that's how it started. I was doing this while Irwin is growing, and wanting to make a lot of changes at Irwin. And Dr. Upton is getting back into practice, and leads a very busy professional and social life, because they were so well known in the affluent, really, great families of San Francisco. So that was another thing.

Yesterday I was reading one or two scrapbooks about the AWVS, American Women for Volunteer Service. Mrs. Upton's sister was involved. It was a British war group in a way, but it was called American Women for Volunteer Service. They were working actively in helping British war relief with many other activities. So they were very helpful to the blood bank, along with the San Francisco Medical Society Auxiliary. Those were two entities that were very important.

And then I have found in the books the first day it opened, with equipment, and a first donor. So I'm flipping around a lot, but then I'll come back to California.

So these regions were wanting to be launched. Now, it was much easier for Alameda-Contra Costa to start, because it was a medical society that wanted to do it, so it could be more or less self-sufficient, other than the administrative and technical or scientific support. So we were helpful in that regard.

LaBerge: And how did you do it?

Hemphill: We would send technologists. Well, first of all, they would put it in their own building, so we didn't have to get a building site; they could do that. They hired nurse technicians to collect the blood and draw the blood; they would

come and train with us, and then we'd help them when they started off. Lots of detail and lots of work, because you have to have the donor form, record keeping, the financial part, the training, the equipment for the laboratory and for blood collection. You had to have an inventory of supplies and equipment, to say nothing of the personnel, and then how to train and teach them to reach out through the donor clubs and everybody for blood donors, and get newspaper support, advertising, promotion.

So we would give them a laundry list of those things, I guess, of what was needed to organize and equip and operate a blood bank. I don't have the years. But I know it was Alameda and then Sacramento was next. Santa Rosa was more in the fifties, and San Diego and Tri-Counties, which was in Santa Barbara, but it did supply three counties, and Eureka.

LaBerge: And I read about Vallejo somewhere.

Hemphill: Well, that's part of Irwin. Let's see, San Diego, Santa Barbara, Irwin, Alameda, Sacramento, Santa Rosa, Eureka--

LaBerge: And San Mateo.

Hemphill: San Mateo. There were twelve--I don't have twelve there.

LaBerge: So you helped all of those?

Hemphill: Everybody. Everyone, and I mean that was big--on a volunteer basis. Every one of them. Tri-Counties got monetary help, San Diego got monetary help, I think Santa Rosa got some monetary help, most of them non-interest-bearing loans, and then once they started to operate and so forth, they would pay back to the medical society. That was a very big group--it was the California Medical Association, through Dr. Upton's efforts, and other supporters in the leadership. That's how we did it.

Speaking in Bakersfield

LaBerge: Did you do all the traveling?

Hemphill: Oh, yes. Up and down the state. I think I told you that story, didn't I, about the doctor one night in Bakersfield, at Houchin Blood Bank? I flew in late, and planes were still not winners, and all small planes. I flew in for a meeting, already underway, with the Red Cross on one side of the room, and the medical society on the other, and some community

leaders. I knew this was going to be a very tense situation, because by this time, this was now early fifties, the Red Cross was starting blood banks in various parts of the country, and they had the money to do it. They could just hire people; it wasn't any big deal. We had to coax and beg, because they would not go and start a community blood bank with leaders in the community. By that, I'm saying the businessmen and a lot of others. They would just say, "We're opening a center in the medical society; we'll do it for you."

So the question was, "Do you want it done the easy way, or do we do it our way, which is more or less the hard way?" Not that we used those words. "But it will be yours. You'll be able to operate it and function; it won't come from Washington, D.C." I mean, all of that was very, very important. Local option, local operation, not from afar. Isn't that true today? That government is trying to give things back to the states?

LaBerge: Yes.

Hemphill: But anyhow, I flew in, very worried because I was supposed to give this talk. Dr. Upton couldn't go. So when I was talking there was this doctor in the front row. I would make a speech, and he'd go [motions winking]. I thought, Ooh, I've got a friend. I kept thinking that this was very good, I was getting a breakthrough. And you know what it's like to look at deadpan audiences.

LaBerge: So you're looking for a friendly face.

Hemphill: This is a big audience and I'm looking for a friendly face or some way or another that I'm getting through or communicating. This was not just to talk to a bunch of converts. This was to be a debate, you see. And here am I, a non-physician, a woman, representing Dr. Upton or the California Medical Association Blood Bank Committee.

It was not that I was not known. Irwin was functioning, people knew about Irwin, and that's why I was there. So I brought a name association with Irwin, plus Honolulu. I was young, but I was still a woman, and I wasn't a doctor. I think those things have to be overemphasized in what I do. I was thinking this was just great [to have a friend in the audience].

Well, then when it was over, nobody ever does a vote. They go and talk it over, and you go away. But lo and behold, I found that this doctor had tic douloureux, which was a

problem with his eye. [laughter] And if anything, he was the opponent. But he got me through the meeting!

LaBerge: Right! [laughter] So this is in Bakersfield?

Hemphill: Bakersfield.

LaBerge: Okay, and what happened there then?

Hemphill: They went for us, ultimately. But you never did it at one time. You went that time with the Red Cross. Then of course, you go back home and you'd call whomever was your friend and you'd say, "Now, do this and that. They promised this and that, but it isn't true. This is what they are, this is what they do." But remember another thing that has to be emphasized: We were doing this as volunteers because we had a dream or a plan for California to be a network of nonprofit, community, medical hospital-supported blood banks. A central facility to serve all the needs of that region. And in turn, friends, helpers.

To us, the Red Cross was a quasi-governmental, quasi-bureaucratic organization, and big, and far away. And, I think, there was some of the mentality that yes, it's our country, it's our people, it's our Red Cross. But after you've gone through a war where somebody else wasn't near you, there's no substitute for relying on your own community, and "be prepared and be ready." Because it was paramount in our minds that communities never knew when something else was going to happen.

To wit: remember Korea, 1951. And I again am totally committed to the idea--I think I said it earlier--that no way are we going to be under the Red Cross--that was my hope--with them telling us what to do. Based on my experiences in what was now going on up and down California, knowing that they wanted to be the only blood agency in the United States. <u>The</u> blood agency for the United States. That was their goal. Remember, did I talk about the admiral coming?

LaBerge: Yes, you did.

Hemphill: It wasn't hearsay, it was know-say. [laughs] It was fact. So we had that goal of having California self-reliant, self-sufficient, and obviously supporting each other. So then, that's how we started with the blood bank system.

Idea for Blood Exchange System

Hemphill: During all of this starting up other blood banks, Los Angeles was starting to really take off as a new city, a new vast area, vast property. So many of us in northern California were developed already, but with the airline industry getting to be very industrial and very business-oriented, many young people from all over California were flocking to Los Angeles. It became very obvious that when their families would become ill, and/or need blood transfusions, and they were there--remember that you had train travel and bus travel, but it wasn't easy to leave your job and come up and give blood locally--I felt that it was very important that we start the idea of, even between San Mateo and San Francisco, a need to exchange blood.

So in this era, our state Department of Public Health had a very good laboratory program, but as we were starting, the state Department of Public Health was also thinking in terms of standards. So they were talking with us, Irwin, that is, and as a result of it, we were sharing what we were doing. Of course, they had expertise in blood as well, and so they were very helpful to us. So the clinical laboratory was helpful to us, and at the same time we were helpful to them. So we were starting the concept of, Well, maybe we need standards.

At that time, there was just the county hospital, and Irwin, and San Mateo, and now these new ones are starting. But we were on the talking stage.

LaBerge: And you're talking with the Public Health Department?

Hemphill: Oh, yes. I am, and/or Dr. Upton and Dr. Burnham. The doctors would bring a more specific laboratory dimension than we were, because of infectious diseases and malaria and a lot of other things: they had expertise. From our point of view, they were looking at standardizing collection procedures and the laboratory tests. But it was all mostly planning and prospectus rather than for real.

I was very active in this, realizing and hearing every day some patient or donor or family call up and say, "But my mother needs blood and my brother's in Los Angeles; he can't come up here, and I can't give blood, what can we do?" And you'd say, "Well, they could give blood there." "Will my mother get blood if it's given down there?" And we'd say, "Yes." "But well, how does that settle?" "We'll just keep it on paper." So it became, Los Angeles owes us a unit, or we would owe Los Angeles a unit, or then as more blood banks became involved, San Mateo would owe Irwin and/or Los Angeles.

So that's where I found two major things, that we had to perform this public service, and to perform this public service, we had to work out something with ourselves, both from the point of view of being able to say yes to the public, and allay their fears and concerns, but also our donor clubs. Businesses, offices, factories were starting to open in Los Angeles for employees; there was a need. So if the PG&E had a donor--that's not a good example--but a bank--

LaBerge: Bank of America.

Hemphill: --corporation, yes, I guess that was okay. But they would have--

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Hemphill: --a central blood bank to give to. Well, there were hospital blood banks functioning in Los Angeles, I think--Cedars of Lebanon, or one of the others.

LaBerge: When you were saying you helped these different communities open blood banks, you didn't mention Los Angeles.

Hemphill: No. There wasn't really anybody there that we helped, but the Los Angeles County Hospital, for instance, had a blood bank. Well, we couldn't send the donors to the Los Angeles County Hospital, as an example, because they would say, "Oh, we're only taking care of our own patients." Just the same as our San Francisco General took care only of its patients. So we really didn't have any outlet.

But as these other blood banks were starting, into the fifties, you would still get calls from all over the country, because maybe some son was in New York, or the daughter was in Pennsylvania. How can they give blood locally for Mama and Papa and their sister and their brother and their friend? So really, public demand was upon us and nowhere to turn. What can we do?

Researching Exchange System at the Federal Reserve Bank

Hemphill: That's when I thought [about a bank concept]. Going back to my humble days of starting at Irwin, I explained to Mr. Knapp that all I knew is if you put money in a bank, or if you wrote a check (I was writing checks) I'd better have money in the bank. And yet, there would be blood in some bank, but how could we get it, because at that time, everybody felt that their blood

was the best, and afraid to take a chance on anybody else's. And also, we had no plan for shipping, and it was a five- to six-day span from which you were using it, so how could we get a payoff?

I said, "If I write a check, where does that check go? How does it get to the other bank?" So I asked my banker, and he said, "Well, we have the Federal Reserve System." I said, "Where's that?" [laughter] I thought, Well, I might go and see how this happens, and maybe it would help us.

LaBerge: Did you go down to the Federal Reserve?

Hemphill: Oh, that's what I did.

LaBerge: Oh, tell us about that. That's a good story.

Hemphill: As I remember, I did a lot of it on the telephone. It was through my bank that I would get how this would operate or function. He then sent me to--I guess it was the regional representative, and I told him this idea I had, but we had a perishable. Money wasn't a perishable. I didn't expect him to tell me how to get it shipped, I realized that was it, but how could I get these accounts paid off one at a time or whatever?

You see, at that point, we had that donor fee, the replacement deposit fee, and pre-deposit credits that, when somebody gave blood in L.A. or, say, any of the blood banks that were starting, a credit would be set up. But that was a debit as far as we were concerned. It was a credit to us, and it would be a debit to them, but they had the pint of blood that was ours.

If we had another pint of blood and it all evened out, it would be fine. So he just said, "Well, you should set up a monetary exchange as an and/or." That's about all, but he gave me forms that they use.

LaBerge: Is this your personal banker or the Federal Reserve?

Hemphill: Well, this is a combination.

LaBerge: Do you remember the names of either of those people?

Hemphill: Yes. Mr. Engelman with the Anglo-Californian Bank, which became Crocker, which became Wells, or whatever. He was the branch manager of the Fillmore-Geary branch where my father had banked all his life because it was through my father that I did it. But anyhow, I did that in my spare time.

LaBerge: So that was your research on how--

Hemphill: Yes. And it's one of the things that I don't know how I ever did, because I didn't know what I was doing. No consultants, nothing. I sat down and figured it out, designed the form. Of course, you have to sell, you have to promote a program. And figure it out. At that time, most blood banks had a twenty-five-dollar donor replacement deposit, but if somebody gave blood and did not use it, they had an outlet for that unit of blood for somebody else. So they were getting money on it. And the blood bank that owes you is doing the same thing. We were on the replacement, monetary replacement, as well as voluntary blood donation credits.

So what would be an average? Because the blood bank that collected that unit of blood that belonged to us--as I said, it could have had a loss, but we assumed that blood bank transfused it, and then that unit promoted--say, it was twenty-five dollars at that time. That was they had twenty-five dollars, and they owed us. But they also had to pay off to us, they had administrative costs or whatever, so you wouldn't put the full twenty-five-dollar fee to be replaced to us, but we were willing to take a lesser fee, a happy in between, and then see over a period of time how much financial impediment it would be to any one blood bank.

Of course, as it would prove ultimately, some were always receivers. The big cities would have more donors, and credits to go to the smaller communities, but the smaller communities may never have a blood donor for Irwin or might never have a blood donor for Santa Rosa, but it might have it for Irwin. So it had to be figured out, the economics of the whole thing.

Setting Up the California Blood Bank System Clearinghouse, 1951

LaBerge: And you're the one who figured it out.

Hemphill: Yes. Don't ask me how.

LaBerge: Without a computer, without--

Hemphill: Without a computer, without a typewriter: it was just unbelievable, how I worked this out. Remember, to sell this program, you had to have a prospectus, you had to have the standards. It was not just to pay off debts, it was also if you didn't have enough blood and somebody else had too much blood, you wanted to put it all together. So that if Irwin

loaned ten units of blood to somebody, its own ten units, but it also had ten credits for somebody else, that's simple. That would balance out. But that wasn't the way it was. It was how many credits you sent to the clearinghouse. We established it as a clearinghouse, much like banks did: how many credits they sent and how many credits they received. How many bloods they sent, and how many bloods they received. Borrowed and loaned, is what we used to say.

As a result of that total activity, Irwin owed the clearinghouse, or the clearinghouse owed Irwin. It was up to the clearinghouse to keep the accounts for all of them.

LaBerge: Where was the clearinghouse?

Hemphill: At Irwin.

LaBerge: [laughs] Okay. But it was a separate entity, so to speak?

Hemphill: Yes. Between '47, '48, '49, '50, blood banks were growing and starting, and we were doing all of that. I was at this point the managing director of Irwin, doing all the volunteer work for the California Blood Bank System. Now I have this idea over here which had to be developed, it had to have standards, and so forth. Not just fiscal--forms for the clearinghouse and for all the blood banks to use and everything. We're just talking about California at this point, and it would be called the California Blood Bank System Clearinghouse. Up until that time we had not been a corporation. All the work we were doing was just helping each other. We then decided we needed a California Blood Bank System whereby we will share--we'll have annual meetings, we'll have organization, we'll talk about administration, donor recruitment, laboratory testing, scientific breakthroughs, but we'll also operate the clearinghouse. So that's how it began. The clearinghouse became a part of the California Blood Bank System.

Concurrently, the Florida Association of Blood Banks was interested in what we were doing, because they too were starting more regional community blood banks like California. They were the second clearinghouse to be coming in. I started with the local plan, then in the fifties, I was doing the national plan and trying to get more clearinghouses started regionally. The next one that came in was Texas, and then Chicago, and then New York was the last. We had five district clearinghouses.

Then, [we had to decide] what rules and regulations and standards to borrow and lend blood, the shipping containers, the preservatives, who would pay the cost, the shipper or the

receiver? If you were borrowing and lending blood, and you had too much blood all of the time, you weren't going to ship it without getting reimbursement for the shipping costs. I mean, all of that. It's a whole new business.

LaBerge: Oh, it is. Well, back to just California--

Hemphill: That was the same. It was easier in a way, because it was still one for all, all for one, give and receive. And they weren't sophisticated and old enough to have all of these hangups, to give it to you. What is it, whatever you get for nothing you never appreciate?

LaBerge: Right. Where did the money come from to run just the California clearinghouse?

Hemphill: That came from the fact that we would charge a transaction fee. The California Medical Association again loaned us some money. See, the office was free. Irwin never charged office rent. And at that point, we had to have an employee. And who was going to pay her salary? Well, we're talking about $125 a month or something. So they loaned us some money until we could start getting ahead. In the loaning of that money, within a year, another non-interest-bearing loan, just on the transaction fees that were expanding, we were able to pay off the loan and pay the salary. So it proved to work.

Now, what we charged at that time was twenty-five cents. If Irwin sent a credit to another blood bank, the transaction fee was twenty-five cents. If Irwin received, it was twenty-five cents. Irwin shipped a blood, it was twenty-five cents. So everybody got a transaction fee, to pay for the forms, to help defray the expenses of the clearinghouse office, to perform this service. Of course, we had to have protocols printed and a brochure and things like that of what blood banks were doing for people.

Remember, it was a help if you needed blood. You're only doing this to help people. All of us had to do our own job, besides do this other. So if you got behind at home, that's the way it was, traveling, and working. As I said, during this time, my husband was away. So I just worked every day and every night. I never got home until eleven or twelve. I don't want to be the heroine, but we were always known at Irwin to work more than the clock.

A Supportive Spouse

LaBerge: Well, you know, if your husband had not been away, maybe this wouldn't have gotten started. Maybe you had more time.

Hemphill: I probably would have, though. I don't know. He was just very understanding. We shared a lot.

LaBerge: And really supportive of your work.

Hemphill: Yes. What I guess I was saying, then when he came back in the early fifties--he was gone during Korea--he knew what I was doing. He came home, and I would still go and work, and I'd come home and try to be calm and have a conversation. I just have to leave the impression that you don't have to be attached to each other all of the time. I don't know how to say that, because it was not a possessiveness. He had so many interests and hobbies--photography, building hi-fis, a boat, built boats himself with kits; come in after his work, which was very orderly, but he would go out and fish if it was the spring or summer. He was having fun, and I'm coming home, and we had a cook for a while, and that didn't work as we got busier and busier, but we tried that. Or we'd eat out, or something or other. We didn't have delicatessens and frozen food that much. I guess we managed.

But he could see my interest, my enthusiasm, my tremendous energy. Don't ask me how I had it. I don't really know. Never thought about it. I was always so intent and absorbed, always something exciting and new and fun to do. Remember golf was not my thing. [laughter] His was boating, and even then when we'd go out on the boat on the weekends, or [gasping noise] I'd have to get off and go, "Oh, yes," and watch the waves and so forth, and say, "Oh, it's kind of cold out here," run in and start working. And then look busy, and then it's time to eat. [laughing]

But it was so absorbing. Can you understand that?

LaBerge: Oh, I can.

Hemphill: I don't know. Anyhow. Most people think you're a manic or something.

Coming back to all of this, I also want to say that the Irwin staff we were developing were super. Really super. And they got caught up in the interest and in the enthusiasm of it. It really was we, "we." "Look what we're doing to help people." Sounds terrible, but it was true. We absolutely

lived it. I would go to my death on the fact that we had no self-interest in any of this thing. Just to help, and all of us to work together and be a part of something new and exciting. Growth and development and service--all of those words were important.

In this same period of time, we were starting the California Blood Bank System.

California Blood Bank Commission and California Blood Bank System

LaBerge: Okay. Is this the same thing as the California Blood Bank Commission, or is that something separate?

Hemphill: No, the commission were doctors, doctors and Bernice. You defined them more in having this great interest to see California have a network of nonprofit, medically-sponsored, community blood banks that they oversaw and gave their blessing to, and wanted it to succeed for their own practices and for helping patients. I am very laudatory about the California Medical Association. They had great trust and belief in the doctors of the San Francisco Medical Society, Dr. Upton, Dr. Burnham, Dr. Smith. Then as a new blood bank would be formed, the number one doctor with the greatest interest would be coming on the Blood Bank Commission. He was representing his medical society and his blood bank on the Blood Bank Commission.

The Blood Bank Commission kept active from the time it first decided to help blood banks for very many years, until they were all free-standing, and loans were paid back. They still had great sponsorship of it, but not really any more than that; I guess, it would be more like the late sixties or seventies that it played a more inactive role.

LaBerge: Is the clearinghouse still at Irwin now?

Hemphill: No. But it remained at Irwin from '51 until the national was formed, but it was called the Pacific District Clearinghouse. That's the story. Remember, it was the California Blood Bank System. Then, the California Blood Bank System, which became an association of which the clearinghouse was a part, voted to go under the aegis of the American Association of Blood Banks, without any money transferred. Because we were all active in the American Association of Blood Banks, and we wanted to see

it succeed. So we now have five clearinghouses. This was in the late fifties or sixties.

National Clearinghouse, 1953

LaBerge: But you're the one who originated this idea throughout the nation.

Hemphill: Oh, yes. Every item--that sounds possessive, but it's the truth. As far as the whole procedure and operation, and the concept, the idea, the implementation, the advertising, the promotion, that was all mine. Then when it moved from the California Blood Bank System, and I told you Florida and these other regions started, it came under the aegis of the American Association of Blood Banks, then it became the National Clearinghouse Committee of the American Association of Blood Banks, of which I was the chairman up until the eighties.

But coming back in the fifties era, I was running Irwin, the managing director of Irwin, I was involved in every aspect of the planning of the California Blood Bank System, the clearinghouse part, and when it decided to be an association, getting the articles of incorporation, the bylaws, the structure, and the promotion of it and so forth, that all was in my office.

LaBerge: How did you learn how to do that?

Hemphill: [points to her head] Inspiration. No mentor. Doesn't it sound boastful?

LaBerge: No, it doesn't.

Hemphill: But it's true.

Expansion of Activities and Staff

[Interview 7: April 24, 1995] ##

LaBerge: So the clearinghouse began in 1951.

Hemphill: Remind me that I need to get the official dates for each of the California blood banks, the dates that they began to function,

inasmuch as I had a major role to play in the organization and administration of these blood banks in their recruitment policies and technical policies and procedures, so that I'm accurate. Of course, before they began to function, there were innumerable meetings in every one of their communities on how to organize, how to operate, how to be financially solvent; that all was pre-planning. But then the blood banks began to function, and obviously have prospered throughout the years since their humble beginnings.

LaBerge: That was the beginning of the California Blood Bank System?

Hemphill: Yes. And now it's called, I believe, the California Blood Bank Association. One of the members, a Dr. Hayhurst, did write a history on the California blood banks from his perspective at the time he became active. That would be a good reference.

LaBerge: Where is their center?

Hemphill: It's in southern California. In fact, they're going to have their annual meeting in about two or three weeks in Laguna Beach, in southern California.

LaBerge: So is that something you'd go to, or not?

Hemphill: I don't think so, based on getting there, transportation. As these blood banks were being organized and formed, then we started launching into the California Blood Bank System. In that era, we did not have paid staff. Everything for California was done in my office, the same as we see the American Association of Blood Banks starting in '47, and in '49 I was elected treasurer. So we were doing Irwin's work, the California Blood Bank System and its clearinghouse program, and having annual meetings of that group, as well as doing the financial records and so forth for the American Association of Blood Banks.

LaBerge: Wow. You were working more than full time.

Hemphill: Oh. I mean really. It was such a--how is it said?--a quest. It was so exciting. You'd have an idea a second, how to implement these ideas, and how to do the work that had to be done. It was a great era, I think, for cooperation and togetherness.

LaBerge: When you started having all these extra duties and activities, how did you expand your staff, for instance?

Hemphill: Whoever was working there just took on more. [laughs] The blood bank recognized that it was, quote, "the mother of it

all," really, or the original, and that as long as I wanted to do it, and as long as I did Irwin's work, and wanted to do these other things, that they were subsidized and supported. It wasn't that much, because we didn't go hire a lot of people. The staff would be interested too, because they were a part of some things outside of San Francisco and the state, and going to meetings, and then it's the national sphere.

V THE AMERICAN ASSOCIATION OF BLOOD BANKS

First National Meeting in Dallas, 1947

LaBerge: Shall we start then with the Dallas meeting, the first meeting of the American Association of Blood Banks? You just told me briefly that the meeting was called by Marjorie Saunders.

Hemphill: Marjorie Saunders came to San Francisco I would say in early '47 to see if we were interested in participating in an institute that would be held in Dallas. We said yes. So then Dr. [Curtis] Smith and his wife, Mrs. [Dorothy] Smith, who was chairman of Irwin's volunteers, and a Dr. Anthony J. J. Rourke, a hospital administrator for Stanford Hospital who was on our board, and I, went to Dallas for the founding, for the institute, which really brought about the decision to have an American Association of Blood Banks, from an institute to an actual organization.

LaBerge: How many people came to that meeting? Just approximately.

Hemphill: I think there were about seventy-five to 100. But many of the people were local. So if you looked at Hawaii, Seattle, Milwaukee, San Francisco, the San Mateo blood bank, from California, it was a small number. And then some people from the East Coast. But we're talking about '47, the free-standing nonprofit community blood banks were nearly not in operation. Milwaukee was not; it was just being launched. By that time, it was over six years that Irwin had been functioning, and Peninsula Blood Bank had been functioning for five years, Seattle probably four or five. So therefore, of the free-standing community blood banks, there were not many.

It was very successful, and as I have given you a formation of the institute, and the people who attended are listed there. It was a scientific meeting, administrative

program. It would be the best to say it was, for those present, a getting to know you, and, quote, a "getting to know more about you," and how one functioned. It was a very successful small gathering. Today, I think, there are only about three or four of us left.

LaBerge: Now, I'm just putting this on the record: we have different minutes and a syllabus, so to speak, from this meeting, so we have a lot of the facts down, but I'd like to hear from you just your impressions of that meeting, what you came away with.[1]

Hemphill: Oh, I think great camaraderie. I would say very great interest and enthusiasm. The meeting was so well planned. The William Buchanan Blood Center, which was located in Baylor [University] Hospital, were the hosts, and the hospitality was exceptional. So very much like we were guests in their home, as far as being small and intimate with every possible consideration given to those of us who attended the meeting.

We obviously were all stimulated, and more enthusiastic than ever that we would have an organization, and we all wanted to be a part of it. Recognizing that the country was in a, quote, "blood bank boom," end quote, in the sense of the interest and the drive to set up individual blood banks. And I think in that document I gave you, it mentions that the great ongoing stimulus for these blood banks is well said in one or so of those quotes.

LaBerge: What did you see as its purpose when you went to the meeting?

Hemphill: Oh, sharing. Particularly, learning more from each other, and recognizing that we really would be far more effective being collective than being individualistic. It seemed in many ways to be overpowering in how much we could be helpful to others and at the same time to other regions and cities and towns that wanted to have a blood bank service. Remember there were not books and syllabuses and procedures or any of these things in writing. It was word of mouth and letter, and some phone calls, but we were still in a very frugal era about making phone calls. [laughs]

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[1]Mrs. Hemphill's papers from this meeting and many others are on deposit at the University of California, San Francisco Archives.

So it was really laborious. If someone writes to you, and there would never be a week without many letters to say in two paragraphs, "Please tell me how to start a blood bank. Let us have the benefit of your advice." We'd have to sit down and write volumes, because how do you do this? With detail, and you have to know more about their community, so it was so much easier to want to start one than it was to tell them how to do it. It was so difficult, really, because there were no bibles, quote. There was not a bible for anything really in the forties and fifties.

Uniformity of Standards for Blood Exchange and Operation

LaBerge: It was the kind of thing you, at this meeting and as you instituted the American Association of Blood Banks, you could put together, all of you together, something to help people.

Hemphill: Yes. What people would have to do, if they knew there was a blood bank in San Francisco and there was a blood bank in Seattle and there were maybe blood banks starting in Florida, then they'd have to write these two-paragraph letters to two or three of us, and then we would have to respond with volumes in order to do it. So it was as a result of this, that I had the idea for an administrative manual. Did I give you that one?

LaBerge: I don't think so, but why don't you just tell me.

Hemphill: How to organize and administer a blood bank, really. That included, of course, your articles of incorporation, boards of directors, analyzing your community, the number of hospitals, number of hospital beds, how to get the money to do it, the staff, the training, architectural drawings or schematics for the site and the laboratories and the donor room, and all of the things that are necessary for a blood bank. So it was the organization and administration of blood banks. I think I mentioned to you, Dr. [Marion] Rymer and Dr. Trumbull and I did this book.

LaBerge: Tell me about it.

Hemphill: I don't remember the year.

LaBerge: That's all right. This was national.

Hemphill: For the American Association of Blood Banks.

LaBerge: Okay. Well, tell me about it. I don't know about Dr. Rymer or Dr. Trumbull.

Hemphill: Dr. Rymer was the editor of all the bulletins. I guess I haven't talked about her.

In any event, we're where we are now having to respond to the letters of helping people and how to start a blood bank, and/or in many cases, then they'd write back and say, "Well, will you come and talk to our community and interest them in doing it?" So that meant often personal visits to these, for which we would not charge them. We would do this at our own expense, and just take off and help them.

LaBerge: Including your airfare?

Hemphill: Everything. Nobody said, "Here, we have X dollars," or they say, "Can you do this?" So actually, we were underwriting individually and through the association our visits to these other areas, be it in California or in Texas or Chicago or Florida or other places, when we could. We would always have to be on our time, because we had to keep, quote, "the store"--the blood bank running at home, as well as the other volunteer services that we were doing.

So the need for a manual, a how-to publication, was paramount, in order to save ourselves so much time and effort and involvement in letter-writing. That followed along ultimately with the standards. Remember I mentioned that California and New York, I think, were the only two whose state departments of public health early on defined technical guidelines for blood banks. But then there came the need for national standards, which began in the latter part of the fifties through the American Association of Blood Banks, establishing its first set of standards. I think it's now in its eighteenth version, and all done by volunteers, who are professionals in the field. And then the administrative manual has had, I guess, three or four publications of that.

The clearinghouse concept was fine, but blood banks then didn't want to take blood from others. They had their own thought processes that their blood had halos on them, if you will, and their standards were the best and highest, you see. They didn't want to take a chance, or legal responsibility.

After the war, the public were on the move, all over the country, with the younger people leaving home and going to new areas, and then when the elders would become ill or need medical care and blood transfusions, they wanted to do something wherever they were. Remember, transportation wasn't

just to jump on a plane or a shuttle service. And the expense of it, to say nothing of the lack of total mobility. All of these were deterrents; you thought twice about how you would do something or how you would get this program really off the ground.

It's easier, say, for Irwin and San Mateo to exchange blood. Or you could go to the other California blood banks. But with Florida and Texas and all these other areas, there was the education, the coaxing, the cajoling, and the negativism about wanting to accept blood. They'd take it on behalf of Irwin, who had the patient. But what is it, finders keepers. The idea that you had a blood that didn't belong to you--the recruitment took place because of the patient in another area. You have to pay your debt, you see.

That's why we came up with the clearinghouse program, on the basis of blood and/or money that would be a monetary exchange. Never full compensation, but just a give and take.

For those blood banks that are larger than others, they're going to be called upon more than the others to receive blood from other areas, because they're giving out so many transfusions. Yet the friends or relatives will live in small areas or medium-sized cities. So it was a big problem how to work out a just relationship and things that were fairly equitable.

So I did all of that on my own. When I look back on it, I think, oh--how did we ever do it? But there was a lot of acceptance and give and take in the beginning, at least, when all this started. But there was also a lot of, I walk alone. "Well, that's a good idea, but I don't think we'll have that much need." But it's not just your need, it's also the need of patients. Don't we want to be of service to the public? Don't we want to show that we can compromise and make accommodations and have a plan that we can just say, "Of course you can do this." Because it's in the public good.

Writing the Administrative Manual

LaBerge: So tell me about how you and Dr. Rymer and Dr. Trumbull got together to write the manual. Where were they from?

Hemphill: Dr. Marion Rymer was from the Belle Bonfils [Memorial] Blood Bank in Denver, Colorado. Dr. Merlin Trumbull was from Baptist Hospital in Memphis, Tennessee. He was a pathologist, and she

was a Ph.D. in--I don't know what her degree was in--in science. So after I had done the first full book--

LaBerge: You did it yourself? You personally?

Hemphill: I did it myself, and then I gave it to them.

LaBerge: Was this at someone's suggestion, or did you just decide to do it?

Hemphill: No, I decided to do it, because I could observe that they were very good editors. I wanted more input. We had this as a committee, but it was a lot of work to start it.

LaBerge: And a committee can't write.

Hemphill: Can't write it.

LaBerge: So one person needs to do it.

Hemphill: So I did the first one, and wrote it all. I sent it on to people. There was a Dr. Matson; he was involved too, Albin Matson from Minneapolis Memorial Blood Bank. So I sent it on to them before, and then we were to meet in Denver in February, I guess it was. And there was a terrific snowstorm, it was just freezing cold. Here in California, I wasn't used to snow and ice, and we met, and it was like a wake. Everybody could find out what was wrong with it, of course, which is understandable. But if you're going back forty years, and you've put your heart and soul into this, and you think, Well, not bad--[laughs] only to have them meet me with long faces. "Well, no, this is not the way it should be."

So I'd say, "Well, then, how do you want it? Tell me what you want to have different. Let's work on it." So it was like a Saturday and a Sunday. But even when we left, I wasn't sure it wasn't going in the wastebasket.

LaBerge: And was this sometime in the fifties?

Hemphill: Yes.

So then we agreed to meet in California. I mean, I forced this. It really would have been in the wastebasket. Nobody really wanted to put out that much effort.

LaBerge: Do you think they didn't because they weren't being administrators?

Hemphill: No, they were, they were in charge of their blood banks.

LaBerge: They were the administrators the same way you were?

Hemphill: Yes. They were in charge. Well, Trumbull's was a large hospital blood bank, and Marion Rymer's was a nonprofit community blood bank. At that point in my life, I was annoyed. But on the other hand, it was very apparent that it was not going to go anywhere unless I figured out what strategy we could use, how we could divide it up, who's willing to take which sections and improve them, and meet again. And that's what we did.

Then they came to California and met at the Irwin Blood Bank. We met at Washington Street. So it was in '53 or '54, and we moved in '55, so it was about that time. Obviously, we worked another long weekend, day and night, sandwiches sent in, and one dinner, I think actually. It was starting to come along.

I want to really leave the impression that it was a far better publication as a result and it was a good lesson for me in humility. [laughter] Plus, how to get along with your colleagues when maybe they're right and you're not. I laugh about it, but we were absolutely totally lifelong friends. It brought us so much closer--we became greater friends than ever as a result of it. So it was a downer for a while, but it was an upper for the rest of my life in the sense of how much I learned from them.

And you know, during this oral history, there just won't be space I'm sure for me to give recognition to what I learned the hard way by living. You've heard me say that. And not from any book I was able to get. It was how to deal with people, how to recognize that you have to give and take, that in the long run, you know it really will work out to be a better publication. It was far better than if I had done it myself in a nonprofit organization, because obviously then it becomes, "Well, so it's her book, not our book." I feel that that was another great lesson in collaborative writing or doing whatever.

And I'd say that the American Association of Blood Banks--

Praise for Quality of AABB's Publications and Work

LaBerge: The American Association of Blood Banks has no peer in--?

Hemphill: It has no peer when it comes to professional, scientific, technical management and administrative publications, because all of the people in the field are working through committees under the aegis of the association, and spending hours and hours and hours writing and producing these publications, sending them to the central national office, who in turn works out the details for publishing. But if you're working on standards, or you're working on an administrative manual, or a management syllabus or whatever, the work is divided up. Then it has to be collated, has to be reviewed by the committee, has to be approved by the board. All of this is volunteer effort.

Though I mention this as really the first publication, before standards, before technical methods and procedures, it was a team effort. Many of these people write their own books that are published, but they still to my knowledge mostly will be collaborative, and give the benefit of their expertise on a collective publication.

So that was a humble beginning, but onward and forward for all those years. It's more than forty now that these publications have been being disseminated, and all for the public good, because the people of the profession buy them, physicians and hospitals and laboratories. The standards are set, and that's what is used if there's a legal problem. What was standard?

So though we have public health departments involved, individual and state--not all states, but some--relative to blood banking and the [federal] government in the Food and Drug Administration, it has to be highlighted that more good has been done by the professionals themselves in these publications over forty years than in any other field of endeavor or business I know. I often wonder, and I'm not that well informed, but whether the banking industry writes publications --I guess they do, I don't know--but whether there are more individual authors, or there are standards and there are procedures and protocols and all of that, or do they walk independently and alone a great deal? Because I as a customer can't go to my bank and my bank tells me what it does. I just have no idea what the banking profession does.

But I can say in the health field that the American Association of Blood Banks has led the way in this performance and achievement.

LaBerge: When you finished writing your manual and you'd been through all the rewrites and everything else, what was the next procedure? Did you take it to the central meeting?

Hemphill: After we did that, then we, the committee, took it to the board of directors for approval. Then it became an association publication, and we're just listed as a committee having done the work.

The other side of the coin is, at that point in time it was wide open, and it still is today. I could author a book on this and sell it and have sold it the same way. But as I look back on it, someone with more talent than I as an author could have done it. [laughs] But it was a better publication because it was a committee. I would never be starring as an author.

LaBerge: Do you have a copy of that?

Hemphill: Yes.

LaBerge: In the future, are you interested in having your papers in the library? You can donate your papers, those kinds of things, to the library, so that people can then come look at them.

Hemphill: Oh, really?

LaBerge: It's something to think about. A lot of people do this.

Hemphill: I have a file of speeches. Did I show you those?[1]

LaBerge: No, and I would like to see them.

[Interview 8: May 3, 1995] ##

LaBerge: As I was telling you, I'm so thrilled to have copies of your speeches.

Hemphill: I have many more, you know.

LaBerge: Yes, I'd like to see those. But I also want to encourage you to think about donating these to the UCSF Archives.

Hemphill: Oh, sure, I'd be delighted.

LaBerge: Because people aren't going to be able to see this otherwise, and there's really a lot of history embedded in here. It would be in your file there, and people then could go to UCSF and read them.

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[1]These speeches are among Mrs. Hemphill's papers donated to the University of California, San Francisco Archives.

Hemphill: And would it say in the thing that all the various talks are there?

LaBerge: Yes, it would be just exactly as it is here.

Hemphill: On all this subject matter?

LaBerge: Yes, so anyone coming to research blood banking, administration, would come and look for this. These are wonderful.

Hemphill: Usually I try to have a theme for a speech. Did that come through?

LaBerge: Oh, it sure did. And you had titles, and you were addressing a specific group, so if you were addressing the people in Indianapolis, you mentioned their director and their blood bank, but you always had a purpose in mind.

Hemphill: I always had some subject I cared about.

Reserve Funds and Insurance Plans

LaBerge: Yes. Well, let's start. The first thing I read were the papers from the Dallas meeting in 1947, when the American Association of Blood Banks was formed. I have some questions on those. One of the papers was entitled "Reserve Funds, Insurance Plans, and Administrative Policies." And then later one of the issues you brought up was insurance. Can you address that, how you felt about that?

Hemphill: Reserve funds are when organizations, corporations or schools would put blood on deposit, and then the credit established could be transferred when transfusions were given either at our blood bank or at other blood centers with whom we had reciprocal arrangements. In the early days, of course, it was pioneering, so there were very few blood banks at first with whom Irwin would have reciprocity, or other blood banks would have an exchange program.

So an individual could deposit blood, give to the bank, as it was termed, "bank" in quotes, and they would have a credit for one year. Remember that the blood itself in those early days would have to be used within five days, and then when we got a better blood preservative, it might be twelve days or fourteen days. But we would plan to give a credit, unlike if you put a dollar in, a dollar, whatever its

equivalent was, would be the point of exchange. But in blood banking, in promising a year, we had to be certain that we would get enough donations from people that it would not be used, in order to make our commitment or any demand that would be made on the thing. Or, for individuals.

Now, for companies or school programs, the idea was not to have 300 or 400 people give at one time, and then not give for a year, but rather have them give intermittently, quarterly and so forth, so that we'd always have "new blood" coming into the system, and their accounts would always be kept active. That was what was meant by defined deposits, or blood reserve fund.

Then subsequently, in I don't remember the year, a company in Arizona was starting what they called blood insurance, in fact putting up money to be a blood insurance company, whereby you could have blood coverage not only in Arizona but in other areas, where they would pay if you had a transfusion. In other words, to deposit, you could put in blood or money. Then if and when you had this need for yourself or your family, the company would pay off to a hospital or another blood center in dollars.

So this was coming on the horizon. It really never took off in great abundance. Of course, there were private insurance companies that wrote health insurance that paid for blood transfusions, both for the blood deposit fee and/or the processing, service fees. But we, particularly blood banks like Irwin and other professionals, were not really in favor of payment.

Issue of Blood Replacement in Medicare Plan, 1965-1966

Hemphill: In fact, as one looked at the entire Medicare program, the U.S. government wanted to pay whatever the fees were for blood--the blood deposit fee, processing fee, the typing of the patient, the cross-matching with the donor's blood and the patient's blood--just pay for it all. Because that was the very beginning of Medicare.

I took a very, very opposing view to this situation. Of course, money was much more prevalent in these times, because that's the easy way out. If we could only get 3 to 4 percent of the population as donors, if you're going to pay for everything, you're not going to get blood, we're going to get

money. Then we would have to continue the practice of paid donors.

So I testified before Congress and very many government branches, the trust division of the Federal Trade Commission, always against the idea of paying anything except the processing fee. And what do we mean by the processing fee? The processing fee was the amount of money it took to run the blood bank, purchase the containers, the supplies, pay the salaries, and deliver the blood to the hospital. So that was what we considered our processing fees. So it's for the collection, processing, and distribution of blood to the patient in the hospital or at the bedside.

The fees for the hospital, namely to type that patient, to match the donor blood (which we provided) with the patient's blood, to administer, transfuse the blood into the patient, those were considered hospital laboratory fees. So that position was understandable. But we definitely did not want the blood deposit [money], which was the incentive for people to give blood in advance of need, or replace blood after the fact at the bank that provided the blood, or at any other blood bank. Hence, the importance of getting more and more blood banks into the clearinghouse program so that it would be blood for blood, and only cash for the processing fees, and/or obviously the administration of the transfusion.

So I particularly cared about this for seniors, though I was not a senior myself. That goes back many years. The government, as I said, wanted to pay for everything. I figured out in a study I did that the average person over sixty-five receiving blood transfusions used about 3.9 units of blood, or plasma, or platelets. In other words, blood units.

Therefore, my testimony and my philosophy--and which I encouraged my colleagues in the California Blood Bank System and in the American Association of Blood Banks to stand for--was that the government not pay for any blood for the first three units, which meant that the family would be responsible for providing donors, or the employers through the blood reserve funds, or lodges, or schools (where the students and teachers were giving blood) through blood reserve funds or individual deposits. My testimony was that we would not receive that would-be blood replacement fee, but only the processing costs.

LaBerge: Because seniors can't give blood, is that right?

Hemphill: At that time, it was a very arbitrary sixty-five. Now people over sixty-five, if they are in good health, can give, because

it's left to the discretion of the blood bank. They can, but in that era, definitely not. And high school students really couldn't. It was more college students, because it was eighteen to twenty-one with parents' permission, all of those handicaps or impediments.

So that was the importance of having a huge donor population that could predeposit for themselves and their families, or replace after the fact, so that we would be getting blood for blood and not money, whereby we'd have to go out and pay donors. That was the whole philosophy.

LaBerge: Was your proposal accepted?

Hemphill: Yes. It took many, many weeks in Congress and discussion about the importance of it, and really the criteria would be that we didn't have [enough] people to give blood--they would just say, "Pay for it." I can't remember when I gave my testimony. (1965 and 1969)

LaBerge: It may be in these files; I might find it.

All Voluntary Blood Donors Advocated, 1971

LaBerge: I found one report to the California State Assembly Committee on Health.

Hemphill: That might be on paid donors.

LaBerge: Yes, it was, because that's another issue.

Hemphill: Well, anyhow, somewhere along the line, in the seventies, I did write the prospectus whereby blood banks had to be inspected and accredited by the American Association of Blood Banks, and were given three years to achieve total voluntarism. I wrote all the copy and criteria which forced blood banks to take the volunteer concept.

Now, there is still a lot of discussion on this issue. I'm skipping up to the present but I often think, when you give t-shirts, which the blood bank does, many blood banks do, and it costs fifteen or eighteen dollars, and all the other incentives, I just raise my eyelids [motions] at that, because I say, "What is a volunteer donor?" Why is it that we can't find enough dollars, with 250 million people, excluding the youth and people who are physically not able to give blood? For the amount of transfusions we need in this country, it

should cause us great concern that we can't get enough blood given for our own country, but rather have to import from other countries. I think that we haven't found the answer, but a lot of it is not clear communication. Shame on us, thee or me or anybody else that can go and give. We can do everything else that we want to do.

I don't want to preach, but I'm finding out that it's still very difficult to get blood. If it's that way with blood, just think how long it's going to take to get organs. I think we're still very much in the Dark Ages when it comes to reaching the hearts and minds of people, or having them accept a responsibility, challenge, "I must, I should," concept as far as being donors. And that's true of blood and volunteer time and money, too.

LaBerge: Sometimes, it takes a crisis, don't you think--the way the war brought people out, or the Oklahoma bombing. I remember when Desert Storm occurred, people were lined up at our blood bank in Alameda County. It takes something big, but on an everyday basis, people forget.

Hemphill: Yes, there's so much competition for their time.

LaBerge: Yes. Now, were you able to get blood banks to go totally voluntary?

Hemphill: Yes.

LaBerge: Oh, good, wonderful.

Hemphill: It took the three years, plus. But as I said, it's not all altruism, in the sense that there are incentives given by some blood banks, you know, prizes, awards, or other things, which is not the same as cash, but--.

LaBerge: So what blood banks purchase blood?

Hemphill: Places like commercial laboratories, for serums and for biologic products, and for some gamma globulin. But the commercial laboratories, Sharp & Doan and Merck and some of those places have blood donor stations. But far less than there were several years ago. To all intents and purposes, with AIDS and the societal stigma of the people who sell their blood, it's taken care of itself to a great extent.

LaBerge: You once told me to ask you about Euroblood. Euroblood refers to blood purchased from Europe?

Hemphill: It's imported from other countries, too. But Euroblood has been the greatest import, and that goes to the New York Blood Center. Then it's redistributed if they don't need it for New York, but New York's volunteerism is much less than ours, considering its size and its population. But I guess if you took the state of California, which I guess was--what is it, 15 million now?

LaBerge: I think so.

Hemphill: New York and environs is probably similar. I don't know, I'm not active in knowing who's doing what under what cover. But it's still a big problem.

Issues at Dallas Meeting, 1947

LaBerge: Okay, now I'm going back to the Dallas meeting. One of the speeches was Dr. Unger's, whom you have spoken about. There are a couple of things he mentioned that I just wanted you to comment on. He had a precautions list for blood banks, and he insisted that a blood bank, to his mind, should be part of a hospital, and underlying that, a physician should be the one to draw blood and transfuse the blood. He also mentioned segregation of blood, like who donated and who would accept that. Do you want to comment on that?

Hemphill: Yes, I think so. It was his theory, and I think that was true for several other professionals in cities on the East Coast, because that's really where it all was. He was a director of the blood bank, and he was taking care of his own patients, but also at the same time, he was not exclusively just giving blood to the patients in that hospital, but also providing it to other hospitals when they did not have enough.

So I think one could say that he felt that way because he was the director and the controlling force, and that on the East Coast at that time, the free-standing nonprofit community blood banks were not functioning, really. There was one called Intercounty Blood Bank started in New York City. It was meant to supply other hospitals in the area, a free-standing blood bank, but it was very small. It was run by a layman, and I think that the innuendo there was that the doctor was the key, and that that doctor has very great support from his own hospital, and that no one else should run a blood center. I think that's probably it.

Now, the concept of doctors being responsible to collect all the blood was just not to be believed, especially in wartime, because so many of the physicians were out taking care of the wounded or dispersed. So it would be totally not feasible, nor was it necessary, because it would have just been a much greater expense to, should it have become prevalent.

LaBerge: Right. So did people at that meeting discuss those issues?

Hemphill: No, but I think to each his own at that stage. We were good listeners, I think, and took to heart what we liked and obviously were critical of what we didn't believe in. To each his own, I think. I'm just so happy you've done this [looked at the speeches]. It's more exciting for me.

LaBerge: Oh, it's very interesting. But I was very struck by the language used. Today, people would think it was very sexist. All the physicians were called "he," and then there was reference made to the technicians, "the girls." We forget how far we've come. People just wouldn't use that language today.

Hemphill: I'm glad you brought that up, because that's the way it was, you see. It was true. I was the only woman--no, I'm sorry--

LaBerge: Marjorie Saunders.

Hemphill: Marjorie. But Marjorie did not run the blood bank. Marjorie did P.R. [public relations] and was looking out for the hospital and its services, and happened to have a liking and an affinity for it, but she did not run the blood bank. Dr. Hill ran the blood bank. Marion Rymer was in laboratory work, and she was just really getting launched. But no one had had the role and responsibility that I had, for my age and as a woman. [telephone interruption]

I'm so glad you're asking me these. Because you're making it clear.

LaBerge: I can see even more that you did ground-breaking work, because you were one of the only women, one of the only lay persons, and it really wasn't acceptable then. I don't know how you did this.

Hemphill: Yes, and to be young.

LaBerge: Yes, how you survived and became a leader.

Hemphill: Everybody was older than I. Marjorie was maybe five, seven years older. Hazel Bond was much older. Mrs. Hanzlick was in her seventies.

LaBerge: Who was she?

Hemphill: She was from the Peninsula Memorial Blood Bank, she was at the founding meeting, Mrs. Bertha Hanzlick. They duplicated really Irwin's activities in San Mateo.

But in any event, it was very hard because all of the men were older, the doctors that came were really very well established. Dr. Greenwalt wasn't; he was young. Dr. [E. E.] Muirhead was a few years older. But I was really the youngest at that time, and just having been a lab tech really.

LaBerge: Yes. So how did they accept you?

Hemphill: By being assertive.

LaBerge: But it has to be more than that, because that can also turn people off, and they would have--

Hemphill: Well, I don't know. I think they liked me. I was enthusiastic.

LaBerge: You did your homework.

Hemphill: I did my homework. I tried to communicate pretty well. I would do what "we" could do together. "We" was a very important word to me. I guess in my latter years now, I'm not the "we" because I don't have a big constituency; it's more "I." But I tried throughout my whole time to say, "We're in it together," try to get the people I knew that would work with me. I did my homework. I don't like to say that.

LaBerge: But it's true. I know Dr. John Elliott was there, and you'd already made contact with him. Is that right?

Hemphill: Yes, he was. And he had problems, because he was--I think he got an honorary degree as a doctor of science, and he'd been in the military and they didn't pay him his just respect. I don't want to say that, but it's true, they were jealous of him. He was a mover-shaker, and fair, and a good person, but no one--especially Weiner and Unger and Levine--Philip Levine was a leading scientist at that time--wanted to give John Elliott his just due. And as I said, I liked him as a good person and a fine man and kind and considerate and a gentleman, but more importantly, he was doing good scientific things. He was producing A-B-O serums and Rh serums and plasma, and he was an incessant smoker. He hardly ever slept. He was in high gear. He died of a heart attack when he was in one of the Latin American countries because he was so intense. But more importantly, he knew nothing but work, work, work.

LaBerge: This issue will probably come up as we go along, and you'll demonstrate more how they accepted you.

Hemphill: I don't think it was ever a thought in my mind--I don't know about theirs--that I was going to fly away, go away. We were all in it together, because it was so new.

Quinn Jordan's Insurance Plan

LaBerge: Okay, you weren't chosen at the '47 meeting to be on the board of directors.

Hemphill: Or to have a leading role in the association. Marjorie Saunders and this Dr. Matson, who was a Ph.D. from Salt Lake before he went to Minneapolis, and Quinn Jordan--I think they were all sort of comfortable in their environs, if you will. I don't remember what Marion Rymer was doing, but she was in Colorado. So they didn't reach out to Hawaii, to us on the West Coast, they were just more comfortable in that milieu.

And then, let's see, I gave you a list. I think '48 was Buffalo. Buffalo or Boston.

LaBerge: Yes, it was Buffalo.

Hemphill: That was the International Society of Blood Transfusion. We at that time in '47 really didn't know what was going on in Europe. If you were to read the European history, they would probably have themselves developed and we were walking in their footsteps. Well, all I can tell you is I didn't know what was going on in Europe, when I was in Hawaii or anywhere. So it was pretty much to each his own.

LaBerge: So you had an international society also for that reason?

Hemphill: No. Mostly Paris. France was kind of very--what's the word? I don't want to say smug, but [laughter] France had a very omnipotent group of scientists. And they would have colleagues in England and probably in Germany, of course, but we really were not aware of what was going on in Europe. [telephone interruption]

LaBerge: One of the people you mentioned was Quinn Jordan, who also was not an M.D.

Hemphill: No, he was an attorney.

The AABB started in '47, and '48 was the Buffalo meeting. There was a new president, and Quinn Jordan was the treasurer. Then in '49, without any politicking on my part or anything at all, and don't ask me why, I was elected the treasurer, and Quinn was not any longer the treasurer.

LaBerge: So you took over the job.

Hemphill: And he thought of himself as the--I'm not sure he was able to practice law, but he had a law degree, I think. He was the economist, and he was the one that ultimately started this insurance program. He loved to shock and more than that, be the maverick. It wasn't that obvious, but from that time on, he started many blood banks. I was starting many, helping to start many blood banks, but I wasn't for ownership. He was. He built a big system all throughout the Southwest called--oh, gosh, they had so many names, but it started out Salt River Valley Blood Bank, then Southwest Blood Banks, and then Blood Services. I'd have to check all the names they've had in their long tenure.

So he noticed me, and we took very different directions, at least in my theory. I was for the blood reserve funds. He used paid donors almost exclusively, because in the Southwest with transients and so forth, you could get all kinds of donors. So his prices, he was always big on economics because he could produce a unit of blood lower than anybody else. He didn't believe in the twenty-five dollar blood replacement fee, because he wanted the cost to be less and less, which was fine if you believed in paid donors, you see. But the reason for the twenty-five dollar fee, it was just arbitrary. It could have been fifty if people could have afforded it. It was to get blood [donated] and not the money. He wanted the money, and then be able to turn it over and have volume.

So we had very marked differences. And any time he or his group could, throw thorns in the way--. But after five o'clock, we talked. [laughter] There was always a competition and a rivalry. He was a short, thin, not very attractive, chauvinist. [laughter] Very chauvinistic. And this woman [pointing to self], fly on the wall, annoying. I guess it's true. My husband used to tell me I'd been known to make many waves. Is that a good term?

LaBerge: That's very good.

Hemphill: Stormy seas.

LaBerge: Well, another person who spoke at that meeting was Dr. Anthony J. J. Rourke, who was from San Francisco, is that right?

Hemphill: That's right. He was the director of Stanford Hospital.

LaBerge: Okay. Well, he praised Irwin's executive director in his speech, your wonderful public relations, and that was one of the requirements in--

Hemphill: Well, he was a chauvinistic person, and he originally took me with "wait and see." [laughter] I was so dumb in that era, angels fear to tread, but you know, I was all imbued with--it sounds so corny but it's true--here we can do anything. Aren't we all doing this for the patient, for the good of the people? I still believe it, but it's harder than ever.

Influence of Single-Sex School

LaBerge: Do you think that your experience in a single-sex school had anything to do with that?

Hemphill: Meaning--

LaBerge: As in, we can do anything. Because you were with all girls, and the girls did the jobs.

Hemphill: Yes, I think that's true.

LaBerge: You didn't defer to the boys to be president of--

Hemphill: I think the nuns did motivate you. As I recall, they weren't talking about the job as much as it was your moral standards for your life, to do things for people. I think that that education was far different, a religious education then and even now, where there's a smorgasbord of subjects that they have to be involved in.

But I think their direction and focus for us was such that we wanted to win our basketball games, and we wanted to be good at tennis, and our classes were small. We were thirty-five. I'm off the subject, but today they say that thirty-five is too many. I remember sitting next to Sala Burton, and she would say, "And the classes, they have thirty-five!" I just looked at her and I said, "We had thirty-five, and the nuns never had a problem with thirty-five." But then and now, I guess, is very different, relative to obedience and surveillance and all the other things that people have to go through.

I couldn't prove it, but I think it was true that we were focused toward achieving, whether it was in studies or games or giving.

And the other thing about a school, I think a private school like that; there was always a raffle, or the missionaries to give to, or some cause. And as I said earlier in this history, my father being a businessman, it was always that they needed something, fern stands, desk chairs, tables, whatever. The nuns with their best reach-out, "You can find something for me, can't you?" And I guess that has a relationship to why we expected to just get things done and say "yes." I don't mean I was an achiever; I really wasn't that much. I think I was a procrastinator as much as possible. I would stall, stall. I still stall something I'm not interested in.

Segregation

LaBerge: [laughter] Everybody does. Well, back to one other issue we didn't talk about, on the segregation of blood. Was that something that was a big issue or not?

Hemphill: In this era, there was segregation of blood.

LaBerge: Was it labeled, "This is Caucasian blood, this is Asian blood, this is black--"?

Hemphill: No. In certain blood banks. It was never a problem at Irwin, and we did not do it in Hawaii. But in parts of the country, yes, and as blood banks started to expand and be established in the South, there were separate rooms for black donors and white donors. Which obviously meant segregation.

LaBerge: But then was the blood labeled too, or not?

Hemphill: To my knowledge, it was, or they had some kind of identification.

LaBerge: But you didn't do that at Irwin, or in the clearinghouse?

Hemphill: Or in Hawaii. No. We never, from the time the clearinghouse program started, we did not label--it was not a policy to label.

Inviting the Red Cross to Join AABB, 1947

LaBerge: Okay, what else did I have? Oh, in the original constitution that you drew up, one resolution invited the Red Cross to join with the American Association of Blood Banks. So there were no Red Cross people present at the meeting?

Hemphill: That identified themselves.

LaBerge: Yes, right. Do you want to address that issue, of inviting them to join?

Hemphill: Yes. But they were invited to join, and remember this was '47, and they were just starting their plan to have blood centers. It was really more on paper. They may have been helping hospitals on the East Coast, or in the Washington, D.C. area, may have been involved in some way with recruitment and collection. But actually, when the war ended, they really went out of the organization and operation of blood banks.

But around '47 and '48, they were contemplating their master plan, and I think I also referred to Dr. McIntyre?

LaBerge: Yes, the admiral?

Hemphill: The admiral who came. That implied that we were "on borrowed time" because the Red Cross planned to have a blood program for the country that would be "free blood," meaning it would come from their annual fund drives, which they used to have. Red Cross in that era had no competition when it came to social welfare organizations. They were the biggest, the most dominant, independent, autocratic.

As the term was used in that time, in the late forties, early fifties, Red Cross "operates," it doesn't cooperate. That was a term widely used by people in the field. It just didn't apply to blood banking. It was that they had been foremost, they had so much quasi-governmental and government support, and elitism, that they were powerful. They weren't used to not doing what they wanted and getting what they wanted when they wanted it. If there was opposition to another--be it the Salvation Army or something like that--they were able to take care of it. And that meant playing games and tricks.

LaBerge: How did they respond to the invitation to be a part of this?

Hemphill: Oh, they didn't come.

LaBerge: They didn't want to become a part of--

Hemphill: No, because they had a master plan of their own. And again, we were like a "fly on the wall," a group starting, but they knew how to take care of us. I think that was the general attitude. I'm not talking about all Red Cross volunteers. I'm talking about the executive leadership. I think that term was the term used, and it's not mine, it's not something I coined. It was, that Red Cross operates, but doesn't cooperate. It walks alone.

I think if you were to get the truth from care workers today in all of these groups, whether it's in Rwanda or all the other places, in all parts of the world, there is a superiority, there is a presence that is a very arbitrary and dominant situation. I can see, in spite of my prejudice to the bigness and the dominance of this organization--I'm not implying that they do not do great and good and wonderful things, and are far more organized, and should be probably paramount when it comes to the fact that the government is comfortable with it. And the volunteers are marvelous. But I'm saying that the sharing, the teamwork with other organizations, the "we're in it together" is not a creed as I have observed it. So kind of "have to win, have to be in charge," and then everybody else can work under them on their terms. Certainly, that's been my experience.

LaBerge: Well, in reading through the little book of the national clearinghouse program,[1] that explains the whole thing, I realized that Red Cross did become a part of the clearinghouse.

Hemphill: Yes, they did.

LaBerge: So how did that work?

Hemphill: Well, this is the fourteenth annual meeting of the AABB, 1961. And did I say the Red Cross was in the clearinghouse?

LaBerge: Yes.

Hemphill: As they kept growing larger, and more and more blood banks came into being, and they were coexisting, it obviously had to be--it had become so difficult. A donor would want to give blood, and they'd say, "Well, we can't take it." The public pressures were pretty much on them, and it was implemented on May 27, 1961: it's "coordinated through two national offices, the

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[1]Bernice M. Hemphill, *The National Clearinghouse Program of the American Association of Blood Banks*, Chicago: American Association of Blood Banks, 1962. This pamphlet has been deposited in UCSF's Archives with Mrs. Hemphill's other papers.

National Clearinghouse of the AABB in San Francisco and the Central Exchange in Washington." [Looking at pamphlet] Then the exchange donor replacement credits--all of this is accurate.

They stayed in it from '62 until the year I was president [1976].

LaBerge: Which is what year?

Hemphill: Well, 1975, they pulled out, because they always owed us blood, which was logical, because they were a large system. They were getting many blood replacements, and we were providing the transfusions, so they always owed us. But they couldn't meet the--they wouldn't pay in money. They had an option, but they would not. They wanted to pay in blood, and then we would give them a processing fee. But they could not meet their debt. So this was an embarrassment, too. Also, they'd have to ship the blood prepaid, and they were not getting enough money.

Department of Consumer Affairs Suit vs. AABB, Irwin and BMH

Hemphill: Dr. Donald Avoy in San Jose worked for them. He was a close ally with the director of Consumer Affairs in California and Governor [Edmund G., Jr.] Jerry Brown; they were pals that ran around together a lot with their guru. Avoy was insanely jealous of the Irwin Blood Bank, and I was a thorn in their side for two reasons: because I ran this program, and I was the director of Irwin, and I was the treasurer and on the board of the AABB. I mean, you've got to get the competition.

So the Department of Consumer Affairs sued Irwin and challenged Irwin at the instigation of their close personal friend, Spohn and Donald Avoy. Richard Spohn was appointed by Governor Brown as the Department of Consumer Affairs director, and they were all young, arrogant, know-it-all. The way it was done was that I was working on the May 30 weekend at the blood bank up in my office, and along came a camera and an interviewer, and didn't tell me what was going to happen. But I thought that the crew came because often on weekends, they would come to the blood bank and see if there were any stories. But instead, they had a story, but I didn't even know that we were going to be sued.

I wasn't served with the papers or anything until this Memorial Day, and I guess it was two days later. No, the next day, this Department of Consumer Affairs director had a press

conference in San Francisco and L.A. suing Irwin and called us "greedy, seedy, illegal, and immoral." Oh! And on the front pages of the papers, on Channel 4, all the television stations, and I was the only person named in the suit.

We're talking about the end of '74, I guess it was. I was then twenty-five, thirty years involved in blood banking. And then not only did they do that, but they got the Federal Trade Commission to come in, and the Antitrust Division to investigate us, and said that we were affluent and made so much money out of blood.

Of course, in the meantime, the people making the most money out of blood was the Red Cross itself, you see. [laughs]

This was not little games. The Washington office of Red Cross was actively involved in this suit, because Red Cross was behind this. It was Consumer Affairs, but they were getting all their information under deposition from Red Cross. It was the Red Cross personalities really that complained.

And it was because we had the replacement fee. They wanted to get rid of the blood deposit fee, called replacement fee, because they never wanted to have that. They believe that everybody will give blood for everybody else for just a fee, one fee. You and I know that in today's world, though the blood replacement concept or the blood deposit or the reasons for giving blood in advance of need are not really based on this deposit fee, but twenty years back, it was very prevalent. Today blood banks in many ways have given it up; they've raised their processing fees to be exorbitant.

This is the key point now: whether you have one fee for blood or two fees for blood, the main reason for the two fees is that the person not replenishing blood--even if they cannot, or not getting anybody, or not being adopted by anybody--will obviously be getting blood at the same cost as the people who are replacing or giving. And is that fair? It's pretty obvious that it's not fair, because most of the people giving blood today are not using it, and the people who are using it have no obligation to replace it, and therefore, why are blood banks having all these shortages? I mean, that's one reason.

A lot of it is cultural with different racial groups that are not focused and motivated and encouraged to ever be givers. The people who come from other countries, this is the land of milk and honey, we get everything. The whole society and attitude has changed so much. But it certainly hasn't helped blood supplies, to go off a system and say that whether you give blood or not, it's going to cost the same for everybody.

And with 5 percent giving and 99 percent taking, so be it. Do you have life insurance and health insurance if you don't pay for it, or you don't give something?

So it's purely a social policy, if you will, plus the fact of the Red Cross, if they were a monopoly and were running the entire country, who's going to be their ombudsman? Or it would be the same if it was just the nonprofit system, and people were able to do what they wanted and to be in charge of everything, and dominate. There's just a philosophical and sociological difference; at the same time I find it very difficult that we have no contact today with patients.

I want to make this clear: the hospital blood banks that are run today are very aware. For instance, I mentioned UC is starting its own blood bank. Arlington, Virginia, is another hospital, and there are others throughout the country where they have the patient or the family at the bedside. They talk it up. But it's the free-standing nonprofit community blood programs that really have say, beat the bushes, get the blood in, get it in, get it in, but don't relate it necessarily to who's getting it, in the sense of asking for return. Do I make myself clear?

LaBerge: You do. Well, do you think the Red Cross was prompted, too, by the fact--

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Hemphill: --guess I'm saying that if there's no overview of availability to supply, you don't have it. Whereas, from the blood bank's point of view, we had agreements with hospitals to be suppliers, and those agreements said, and meant it, that blood would be waiting for the patient, not the patient waiting for the blood. That was the theory that we used. That meant that as we ran Irwin, we didn't go home at night if we didn't have a quota or safe supply, or know we could get it, or a backup. That was absolute--and I don't mean to imply that some days we couldn't get enough O negative blood and we'd done our best, and we'd pray, actually. But I'm saying it was not a haphazard deal.

We took inventory three and four times a day of all our hospitals, what we had in the refrigerators at our centers and at the headquarters, and shipped it and moved it around, but we always wanted to be certain that blood was waiting for the patient, not the patient waiting for the blood.

Red Cross was not in that true sense for all of their centers, because they functioned a lot where there were other

blood banks in hospitals or nearby blood banks, so they were a supplementary supplier to a great extent in certain areas. They were total suppliers in areas where it was easier to get blood. You know, more of the smaller centers, the rural areas, and that sort of thing, it was a lot easier. But in big cities--I want to make it clear that it's harder to have enough blood in big cities, because the demand is there, it's harder to get the populace to be donors. So big city areas are not the panacea for necessarily easily achievable ample blood supplies.

Map of Blood Supplies, 1966

LaBerge: In this folder you gave me, there is a map. It was a little bit later, but it shows the Red Cross areas, the AABB areas.

Hemphill: Yes, I did that in our office. The AABB did most of this.[1]

LaBerge: The AABB is more concentrated where the Red Cross is concentrated, so California is almost all--

Hemphill: Dual coverage, yes. Oh, my goodness, Emi Shinagawa did it.

LaBerge: Emi did this. We'll have to talk another time about what she did. This is a wonderful documentation.

Hemphill: The map is just incredible. I want to put that in. This began early on, because you can see, this difference in philosophy, the difference in what's right or what's wrong. Now today, nobody's feuding and fussing, but they're all like cats waiting to pounce. I came back last time from Washington, and the new director who was an attorney for the Red Cross told me that they found out that the Red Cross was trying to beat out the other banks for a standby agreement. Did I tell you that?

LaBerge: No. You mean in the present day, in 1995?

Hemphill: Oh, yes, yes. So it's--what's the word I want?

LaBerge: Dormant?

Hemphill: It's dormant, but not really. If there was a war tomorrow, there is supposed to be an agreement to serve equally. But there would still be some very difficult negotiations to work

[1]See papers on deposit at UCSF.

out whereby our free-standing blood banks would not be subcontractors or some ad-hoc, subservient, because the Red Cross really wants to be in charge of everything, dominate everything.

But that's the best thing we've ever done, one of the best things, because they hated it, just hated that map.

LaBerge: Would you think someone does that today, too?

Hemphill: No.

LaBerge: This is the last, the first and the last map?

Hemphill: No, we did another one. Where did you find that?

LaBerge: It was just stuck in a pocket. I really pulled out everything, because there's a lot in here. [holding notebooks of papers]

Hemphill: But see, none of those things are in the files of Irwin any more.

LaBerge: Right. So that's why this is the kind of thing a researcher would like to look at, to see this. It said AABB revisions, so it's an AABB map, but Emi did it.

Hemphill: Oh, we did everything in the name of the AABB. There was an earlier one also. Really, Emi did it all by hand.

LaBerge: You mean coloring in the pieces?

Hemphill: All by hand. We never paid for anything. Today, the AABB would go out and pay somebody to do it. If you want to have some made I'd like to give one to the AABB office.

LaBerge: Okay, because this was your own little personal file.

Hemphill: Yes. I'll pay for it, because I'd like to give it to them.

LaBerge: Okay, I will do that.

Hemphill: And show what we went through to achieve that. And these things sort of go together. The report is '61, and the map was '66, wasn't it?

LaBerge: Yes, the map was '66.

Hemphill: But see, we did it purposely to show them up. [laughter] Are you going to ask me anything more?

Standards and the Inspection and Accreditation Program of AABB

LaBerge: Yes, we're going to just do five more minutes? You and I talked last time about your writing the first administrative manual with other people. So how about if we talk about setting standards for the AABB? Another phrase I saw, and this might be part of the standards, was "the inspection and accreditation program of AABB."

Hemphill: That's different. Well, gosh. Did I tell you once, when I came back from the national office, the standards of the AABB are in the eighth edition or something? No, more than that, I think. Has to be more than that. Eighteenth, maybe. Has to be about probably the eighteenth.

Well, Dr. Oscar Hunter--remember, the clearinghouse was underway in '51 in California. Then Florida was next to come in. I think we went through which ones came in.

LaBerge: Yes.

Hemphill: And then obviously, to have blood banks feel more secure about --but this is all logical, the inspection and accreditation program. This was in the mid-sixties. I'm trying to remember which came first, but--

LaBerge: The standards--

Hemphill: It's probably in the late fifties that we were seeing the need for standards for blood banks to conform to as it related to the collection, the eligibility for people to give blood, or the disqualifying factors for them not being able to be donors. Obviously it related to collection, all the laboratory techniques and procedures to be used, and the tests to be used to exclude disease, looking at preservatives, at bacterial problems, for good techniques for cross-matching the patient, and for typing the patient and the cross-matching with the donor-patient blood, and the transfusion of blood.

So within our organization, our board members, and others, set about setting up a standards committee to write standards. I think I mentioned earlier that some state health departments, New York and California, I think, were the first health departments to have some rules and regulations for blood banks. But we wanted to be far more detailed and expansive than that, so we set up a committee of our peers and professionals to write standards.

There necessarily would be concurrently an inspection and accreditation program to be in a way coequal in order to be accredited and provide some assurance to blood banks when they accepted blood from another center--because either they were old as a result of where transfusions were being given and donors were making their replacements, or because of the need for blood banks to borrow and loan blood from each other based on their surplus and shortages.

So then there was an inspection and accreditation committee set up. Obviously the standards would be the basis for the program, and then we sought volunteers within the profession that would do this on their own time. If they were nearby going to a blood bank, they would get reimbursed for their gasoline but no fees.

Today, all the professionals that write standards or do inspections and accreditation or write technical manuals and protocols for all aspects of blood transfusion work do it voluntarily--which is a tremendous contribution--they're all the authors. It's a collaborative effort. Some individual chapters are written by an author, but it's usually collaboratively done, and they all have committees that write these books. Then they in turn are published by the association, who in turn receives the revenue. But it's an exceptional, tremendous volunteer effort, and gift of time and caring and of the highest professionalism. I just don't know of anything that's a peer to these.

LaBerge: You mean any other professional association?

Hemphill: Any other professional association that goes to the scope and depth of this.

Now, some of these people work for hospitals, some of them work for nonprofit blood banks, some of them work for the Red Cross. In activities like this, in the scientific and technical aspects of blood transfusion, by and large the differences of opinion are minimal. It's only in the socioeconomic, philosophical, and power politic structure that you find the differences that cause again so much divergence.

I have to check dates and so forth, but hence, the original National Blood Foundation, the Joint Blood Council, all of these set up by organizations that knew there was this great divergence, differences in philosophical and political differences. So this was always brought about to ameliorate and make great strides in peace. [laughs] I'm sure it's true of the insurance industry, and the law profession. It's human nature.

So you say, "Well, it shouldn't happen in blood." Well, you know, we're talking about a multibillion-dollar industry. It might be nonprofit, but who is going to be in control, or who is going to be able to coexist with some group that want to be dominant? There's bound to be a human relations part of this. And we had them, and they're more subliminal--

LaBerge: Subliminal. That's the word we were looking for before.

Hemphill: More subliminal today, but they're there. It's any moment, if it was a crisis or some other situation, like Iraq, it wasn't a big problem, because the military is pretty well geared to doing their own blood programs, you see, and there wasn't the great loss of life and blood there. But if it got into a really bloody war, there's no doubt in my mind that there will be major problems to be worked out today as to equality. The AABB has led the way in standards, inspection, accreditation, science, and all of that, then the Red Cross owns and operates its own program [facetiously said], and has no doubt it's the master of it all.

Whereas we are not. The AABB can advise, the AABB can lead in all these things I mentioned previously, but when it comes to ownership and cooperation and if you have to give a little and take a little based on the bottom line or cost factor, blood banks would have the right of choice to decide if they wanted to be in the program or not.

LaBerge: Do you want to stop there?

Hemphill: Okay.

Standards Committee

[Interview 9: June 7, 1995] ##

LaBerge: The last time, we started talking about the standards that the AABB set up, and you told me why you set up standards, but we didn't go into the specifics. I don't want you to tax your memory, but just whatever you can recall. Maybe who was involved, how you set up committees to do this?

Hemphill: There was a committee of the American Association of Blood Banks composed primarily of physicians, and maybe one or two Ph.D.s, and one or two technologists. But primarily, the committee was made up of pathologists. It was the beginnings of a professional criteria being established by a group of

peers. These physicians also belonged to the American Society of Pathologists, and/or the College of American Pathologists, and they were all very well-known specialists in their field.

They took their work very seriously, and in this era, it was not easy, because hospital laboratories were not under any particular great scrutiny. In other words, a hospital may be certified by the state or by the American Hospital Association, but the amount of time and attention paid to the blood bank and blood transfusion aspects of a hospital were minimal.

So to try to develop the national standards took quite a bit of thought and time and effort, without being a handicap and impediment to daily operations. It took a lot of coaxing and education as well, to get people to realize the importance of having some national standards. Even though New York and California and Illinois were contemplating some review of blood banks, there was nothing really more. California and New York were ahead in that regard.

But this went beyond anything. Their standards started at the time that you would register and take the entire medical history of the donor, the laboratory, the blood typing, the Rh typing, tests for venereal disease, bacteriologic procedures, always bearing in mind the welfare of the donor and the patient. I have such a great respect and admiration for this group who were pioneering the idea and doing it as gently as possible, realizing how much conversion and education they had to do.

But to do the administrative manual with pricing and costs so disparate across a city, a state or a nation was even more difficult. Everybody set their own fees and had their own decision-making procedures.

All of this started, the motivation came, because of the clearinghouse program. That's not really well identified today. They take the standards for granted--nor should it be just limited to sending one bottle of blood to another, from one bag of blood to another institution. However, that was the real challenge and motivation.

And then, what good are standards if one doesn't have an inspection and accreditation of facilities? The American Association of Blood Banks had membership dues, it had annual meetings, but this was also the beginning of its publishing manuals and books on laboratory procedures, blood collection procedures, all phases of laboratory work relating to blood transfusion therapy.

So these were very formative years, but that in turn meant a whole new arrangement. Where did you get the inspectors? Who was going to pay the inspectors? Where would the money come from for doing it? To date, to my knowledge, all of the things that I have mentioned to you, not one individual who comprised the sum total of the parts, from doing standards and inspection and accreditation, has ever received a dollar for their services.

Volunteer Inspectors

LaBerge: Wow. All volunteer?

Hemphill: All volunteer. I would say that as a specialty of medicine, the members of the American Association of Blood Banks have been pioneers, tremendously generous, and take great pride in the fact that they are inspectors. They think in terms of--I can't speak for all of them--but as if it's a learning experience for them. They have to be very diplomatic, they have no government regs or threatening procedures, nor will they close you down if you don't do this or that. So it's all-encompassing.

I should show the progress in the number of inspectors that we have volunteering. It's much more now. Technologists who are certified form a large core of the inspections, as well as pathologists, hematologists, immunologists. These are the people in the specialties that belong to the American Association of Blood Banks and do this.

Gradually it became international. If somebody was going to Europe on a holiday, and someone had requested inspection, they would offer to do that. If they were a certified inspector by the American Association of Blood Banks, they would offer to do it, again often at their own expense. They could be reimbursed for mileage or out of pocket or overnight; if you drove your car, say, in Illinois or Missouri, and you do two or three inspections, it's so minimal, but no personal remuneration. I think it is all done to the great advantage of donors and patients. They've never really been applauded for all of this, and it's so nonmercenary. The Association can thank them, which they do, and give them certificates and all of that, but the general public is really not aware of the surveillance and the overall concern and commitment to the public.

LaBerge: So just for their out-of-pocket expenses, did that come from the dues of the AABB?

Hemphill: Well, no, I don't know the present fees, but they do charge a fee now.

LaBerge: For inspection?

Hemphill: A fee for inspection and accreditation. So a blood bank today could be inspected. The large community blood banks like Irwin are obviously licensed by the Food and Drug Administration. In addition, in California there is an inspection, in New York there is an inspection, and some other states have inspections. And then there is the American Association of Blood Banks, which is far more extensive and detailed in all aspects, because the people doing this usually are very responsible or heading their own institutions, and know what's expected of them. So it's more thorough.

Sometimes it's been said, "Oh, well, because they're a friend, they're permissive." I said, "If anything, you care more about what your colleagues think when you get ready for an inspection than you do necessarily because it's a government reg or some other inspector."

All of this is confidential. Very high standards and high ethics about these inspections. I haven't been that close to it, but when I was back in Washington at the American Association of Blood Banks headquarters about two months ago, the standards committee was meeting for two and a half days. They start in the morning and go through until six or more at night, just break for lunch. They were rewriting the standards. They're updated about every two to three years, because the state of the art is changing so quickly. They're very good. In fact, the government, federal and state, take it as sort of a bible of what the standards are. And also the inspection accreditation.

Then as I mentioned, the Joint Commission of Accreditation is composed of the American Medical Association, the American Hospital Association, the pathology associations, as a collective group inspect hospitals. So a blood bank would be part of it. As far as the public is concerned, it's something they should be very grateful for. All of the professionals in these respective organizations really are trying to do a good job.

LaBerge: When did the FDA [Food and Drug Administration] become part of the inspection or the licensure?

Hemphill: Well, it was called the NIH [National Institutes of Health]--I'm going way back now and give you chapter, verse, when they became more identifiable and more regulatory. But I'd say that

the real rigidity and authoritativeness of the Food and Drug Administration has only been within the last three years. Dr. David Kessler is the Food and Drug commissioner. And also that has come about because of Congressman [John] Dingell from Michigan pressuring them and they pressuring the profession.

In fact, with all of the things I've already told you, a little less than eighteen months ago, they were saying they were going to close Irwin down, along with many other blood banks who were already licensed and accredited. This great display of authority and know-it-all-ness came. Therefore, there was too much stress, authority, rigidity and extremism as to what they were trying to do--record-keeping, you know. I don't mean that it shouldn't be as perfect as it can be, but not any institution is perfect.

"If you don't do it within X hours and days and weeks," bang, close the door. Just unbelievable. It was more a despot relationship. Since that time, Dingell has been less intimidating because the administration changed politically--[hitting table] politics plays a major role. Dingell lost his committee chairmanship. Since that time, there has been so much uproar and complaint to Food and Drug that they've tempered this.

FTC v. Kansas City, 1962

LaBerge: Okay, well, going back to--I just have different things that happened at different times. One in 1962, the FTC [Federal Trade Commission] had a suit against the blood bank in Kansas City. Do you want to talk about that?

Hemphill: Yes. [telephone interruption] It was a case of a commercial blood bank wanting to try to impede the nonprofit community blood bank from operating, because they wanted to sell their blood. And that era was the height of volunteerism versus paid donors, and also there were many articles about "skid row" donors. I'm not implying necessarily that that commercial blood bank did not use good techniques or standards, but on the other hand, it was purely an economic, competitive situation.

So I spent quite a bit of time there in Kansas City in support of the nonprofit community volunteer blood donor program. It was, I think, worthwhile in the long run, because it survived and it's a very well-known blood bank in Kansas City, and the commercial blood bank is long gone. But it was an affront, it was the beginning of, in a way, trade. The

government in that era was very affluent, and free enterprise, whether you talked about the Federal Trade Commission or the Antitrust Division, it's the rights of everybody to function and operate. So the commercial blood bank went to the government to uphold their rights, and the best defense is offense, and that's what they did.

So it was like what we read about today in business mergers though this was the nonprofit sector. In their would-be wisdom, they felt that because it was a nonprofit blood bank, that they should not be above being challenged.

LaBerge: And it seemed to have national repercussions.

Hemphill: Oh, it did, it awakened everybody. In that era, blood banks were expanding and booming, so to speak, and it was easy to set up a commercial blood bank in comparison, because you didn't have to motivate your community and get volunteers. So let's say most of the major cities in the country had commercial blood programs.

Shortage of Blood in Large Cities

Hemphill: I was a leading proponent for volunteerism. I really was outspoken. At that time, Red Cross was too, but they really were not that effective about it. They had their own blood banking system, if you will, and actually, they were not going to take such an active stand against commercial blood banks, because if they didn't have enough blood based on volunteerism, then who knew? Because the hospitals would have to turn to a commercial blood bank if they couldn't get it from the Red Cross. We found so much of this lapse of volunteerism in the large cities. And as I explained to you before, New York had more commercial blood banks until the end of that time. They had to import from Europe, because New Yorkers just don't give enough blood to take care of their own needs. And for that matter, it's getting worse and worse in the country. [tape interruption]

LaBerge: We were talking about the large cities still having trouble getting blood.

Hemphill: Today, yes, and Europe. As people say, John F. Kennedy Airport is the largest blood bank.

LaBerge: Because it comes in--

Hemphill: --the number of bloods that are flown in from Europe to take care of Americans. And all because it's the nonprofit. We talk about trade imbalance with countries--they sell more to us than we can export. Well, I'd hate to think of the rest of the world living off of us for blood. We can't take care of all our own blood needs. Our donor recruitment today needs to be totally reevaluated as to, are we really on the right system? What can we do to change? Should we change "banking?" Is that really the way to keep a blood bank stocked?

In the fifty-four or -five years that I have been involved in blood banking, I still do not feel we have the answer to adequate blood supplies in all parts of our own country, or in the world. Which means we have to find newer ways and newer motivations to get people to give. But also, the people who are receiving, and their families, or their neighborhood, or their business firm, or their other alliances or relationships, must think in terms of: a blood bank is as vital to a community as the police department, the fire department. Until we have a substitute for blood, there is no other way, except those of us in the profession being more creative in motivating and trying to reach the answer to procuring adequate supplies.

LaBerge: Was Betty Carley the one in charge of donor recruitment?

Hemphill: No, she was in charge of volunteers.

LaBerge: Volunteers, okay. Because I at one point want to talk about those special people, like Emi [Shinagawa] and Betty Carley and what they did.

Hemphill: Fine.

VI PERSONNEL AND PROGRAMS AT IMBB

Irwin's Self-Evaluations

LaBerge: But I guess I'd like to go on to Irwin in particular--a couple of things. In one of your speeches, you were talking about how you evaluated Irwin itself. It sounded like you did this every five years or so.

Hemphill: Oh, almost every year.

LaBerge: Every year. Okay, I'd like to hear how you did that, because it sounded very thorough. You went through and said, "We need to start a new pension plan, we need to--"

Hemphill: Is our insurance adequate, are salaries adequate?

LaBerge: How did you go about doing the evaluations?

Hemphill: I would ask each of the departments, the head of the nursing department, the head of the laboratory, the people in business management, to look introspectively at what they were doing. Were there less cumbersome ways of doing things, and if so, what would they need budget-wise to do it? What suggestions did they have? And I encouraged people to take courses or to consult with their friends that were in other businesses to learn what was going on in the corporate world, or also in other nonprofit organizations. So it was like lying on the couch, I guess, in that they were giving suggestions, recommendations, critiquing, and being hard on oneself. How could we improve? How could we be more creative? That's a word that I always liked.

I just feel that in today's world even, serving as a member of a board of directors, I look to the board to say, "Are people really giving suggestions that management are

listening to?" or will they say, "Oh, fine," and then we'll never see anything come of it? Very seldom.

Personal View of Boards of Directors and HMOs

LaBerge: It's usually a rubber stamp, isn't it?

Hemphill: Very often. And then, if it's not a rubber stamp, then that person is the witch of the board, know what I mean? They're very passive and docile, really, or it depends a lot on management and how management encourages. From my experience on boards, I feel that we've got too much of, in American society today, the boards deferring to management, to the CEO, or number one, number two--chief operating officer or CEO, and that the executive committee or the chairman of the board obviously see the CEOs more frequently. You can give ideas and suggestions numerous times, but nobody really picks them up. Now that sounds vain or something, but I don't mean it to be that way.

I can give an example as a board member of a hospital. This was two and a half to three years ago, when HMOs were just taking off more actively, saying, "You know, you are saying we're only going to get so many dollars from an HMO. But when the CEO of the company that's in with the HMO comes here, he's going to get VIP treatment to the hilt. But you must talk to him, not just through the HMO. The HMO is hand in glove with the corporation, but there comes a time when we can't be pinched any more, and we have to go and talk to the top."

Well, more and more, I am told that now they're coming around to it.

LaBerge: To your suggestion of three years ago.

Hemphill: Yes. And it's not a matter that I was so brilliant. But then, people are being sent home from the hospital because the HMO or the government says, "You can only stay X hours or X days for X procedure." Okay, what happens? There's--

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LaBerge: Okay, you were saying family members would take sick leave.

Hemphill: The employees have to stay home with whomever is the patient. And in the meantime, yes, there's no hospital bill for that period of time, but the corporation does have an impediment and

a problem as a result of somebody having to stay home. So they have to take sick leave or some other personal leave or whatever else to take care of the patient. So you have absenteeism. Why were not doctors and the hospital together saying, "For a procedure like this, we must have these days." Now, there are excesses, I'm the first to say it. And there are people who want to take advantage or are lazy or want to lie there in splendor, there's no doubt about it. But there is also a normalcy.

Also, it's true that at our hospital, our costs were too high, and therefore, they were really being defensive because their costs were so high above others. Well, chop chop. But in the meantime, go to the leader of the corporation, tell him, "We can't give you this service," the doctors and us, walking together. But it wasn't that way for a long, long time. Now it is getting that way, but it was the doctors versus the administration. It's that kind of thing, just multiply it to any other business. It can be the personnel, the union versus the nonunion versus whatever else. But the human dimension gets so involved in thwarting progress.

More on Evaluations and Personnel

Hemphill: So to go back to when I was at the blood bank and trying to get people to be creative and give ideas, we subsequently always were on a merit system at the Irwin Blood Bank.

LaBerge: What does that mean?

Hemphill: Merit meaning that, if you were a technologist or a nurse, you would get X dollars based on what the hospitals were paying nurses and technologists. We would try to stay within that range, because we were employing the same people. But in addition, by virtue of seniority or attitudes or good ideas, I would always try to see that that person got more money than somebody else. Once a year we'd have an awards ceremony. We were the first to do that, and give them for five years, a check, like a kind of a bonus. These were things that we did, plus a pin with a little teeny chip ruby or a sapphire or whatever things to thank the staff. Not just the supervisors, but in general.

I think I had a goal. I still believe in tremendous personal relationships, especially for a blood bank or a hospital, because we were having to be so attentive to other human beings, and I cared about service.

LaBerge: How would you go about evaluating the employees? Did you have to have an objective standard?

Hemphill: Yes, we had a list of things based on appearance [laughs], attitude, performance, being on time, work schedule, absenteeism, many things like that. Their popularity amongst the donors, and the department supervisor. Then it went from there to what is called human resources, which at that point we only called the business office, and then on to my desk. When these names came up, then we had a department heads' meeting, and everybody was in on that for the evaluations that we had had. So it was done by evaluation.

LaBerge: And how often would you, for instance, meet with the department heads?

Hemphill: We would meet at least once a month. Or, if there was some other reason--in times of the lawsuit, far more frequently, once a week or something. But it was primarily about once a month.

LaBerge: One thing mentioned was an Employees Council? It sounds like that was your idea.

Hemphill: Yes, that was my idea to have that. They were to make recommendations on how they felt about their own colleagues, or take into consideration if there were complaints, their department wasn't performing as well, what were the problems, starting with their own peers before it got to us. If the department supervisor said, "I can't cope with this," about a situation, we'd say, "Well, have you talked it over with the Employees Council?" So it was done that way, and then they together would bring up a recommendation that so-and-so must go, or somebody needs reprimand, or something along those lines.

I really didn't get involved too much in it, but rather tried to be the motivator for letting other people handle it. I would be sort of the last resort. I can say in only one instance, I think, in my entire life of working, that I found one person with whom I couldn't even cope. Unbelievable, rude, and--

LaBerge: So that you had to let go?

Hemphill: He would come in sulking, mean, vicious. I said, "Won't you sit down?" "No." There was only so much I could do. It was a union problem, so I said, "Your attitude and your performance and the way you are upsetting the whole department will lead to the necessity that I take this stance. You can take any

recourse you want, but I will oppose anything you're appealing to the last. So you can go anywhere you want to, but you're not going to win in the long run. I will take it to the highest court." [laughs] It was bravado in a way.

And he ultimately left, but he's never had another job since.

LaBerge: Left on his own accord?

Hemphill: Ultimately. Because everybody else wouldn't talk with him, wouldn't discuss anything with him, would grab the phone and isolate him really. But he didn't mind that.

Arlene Kane and the Unions

LaBerge: What unions did you have represented?

Hemphill: Oh, I can't even remember the names of them. But the union that represents nurses, technologists, laboratory aides. I think it was called Social Service Union. We had all of the threatened strikes, boycotts, sick-outs, oh, you name it.

LaBerge: So are you the one who did the negotiations with the union?

Hemphill: No.

LaBerge: Who did?

Hemphill: Arlene Kane did.

You know, that's another thing, Germaine. Most of my friends, Betty Carley, Emi, I don't know how many people, have said to me, "No matter what, no matter what it costs, Arlene Kane must be interviewed."[1]

LaBerge: I'm going to call her. I must have her number.

Hemphill: It's because she was the one that did so much to dissipate problems. She had been in the marines.

LaBerge: She was?

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[1]See interview with Arlene Kane, p. 306.

Hemphill: Oh, yes. In the marines. She is totally her own woman. She was a no-nonsense, one-sentence kind of person, fair, very fair, but tough. More importantly, I feel she was a very caring person. She was very fond of my husband. Now, what does that have to do with this? In their sense of humor, their rapport. She threatened to leave once or twice because I was so unreasonable. [laughter] We had all those love-hate relationships. But she did so much, because I was so involved in other things.

She did so much to guide even my retirement. As much as I felt I knew about business, when it comes to myself, I'm far less caring about money. So when I made up my mind I wanted to retire, will I take a pension, will I do this, will I do that? What will I do? Whatever. I can't tell you how wonderful she was to us. Not that we socialized. She lived in Walnut Creek. It wasn't that at all. She's very independent, a loner in many ways, but we were very close. I always know that when I have my surgery, she will be at the bedside. It's that kind of situation.

But more importantly, what she brings to a story is the humanism that I find hard to put into words. I have it all in my mind and my heart, and how I care about people, but her stories are very, very substantive.

LaBerge: And her position was the personnel director or--

Hemphill: She was an administrator. It was more than that; it was business manager.

LaBerge: Labor relations?

Hemphill: Director of Management and Services. That meant everyone--the nurses, the union. Talk about tough negotiator. She can tell you stories about what we went through with unions, and she always won. She was incredible. I mean, it's just awesome. She's very fair.

LaBerge: I would think at that time, too, it was probably unusual for a woman to be the negotiator with the unions, wasn't it?

Hemphill: Oh, yes. Oh, could kill her! But she was firm, firm. And you see, what she had was a talent that I don't have. She could be incisive with one sentence. What's the word--"Get up, man." [laughter] "You've gone too far, this is it." But she was very, very, very successful. So will you really talk with her?

LaBerge: Yes, I will. Just what you've said about her is valuable to have. And I didn't realize that was her job.

Hemphill: She was dominant. For all the years. I'm the first to tell you that there were days she could just kill me, and rightly so. I was unreasonable, and I know I was. But I am telling you, from all of the things we went through with that lawsuit, we were so unified. We just laughed together, we cried together, we bled together, we did everything together.

Teamwork of Women

Hemphill: What I want this story to reflect is that it was a female-dominated organization. Dr. Herbert Perkins was outstanding as a scientist, and the board members were doctors and all that, but I'm saying that as women, we never had feuds or fusses or animosities. I mean, people would not be feeling great one day or another, but Emi, Arlene, and then Betty Carley came much later. As director of volunteers, she was very, very beloved. You know, to be a director of volunteers, you have to be very humanistic, very upbeat, very happy, happy. And that's what came springing through. I'd be dragging sometimes, but these were the people that I cannot give enough recognition or credit to.

When it came to ideas and driving myself and everybody else, and getting things done, it was those people. If we weren't working as a team, it would never have happened. So it really was Emi and Arlene who carried a tremendous amount of the responsibility. There's another woman, Margaret Harrell, who was fabulous.[1] Margaret lived around the corner and was our chefess and good humor woman. In everything I did, these women were also involved. It wasn't like they stayed at Irwin while I ran all over. Whatever I was doing, they were involved in, too. So they were doing their own work, and the rest is all volunteer. So all the things I was doing as a volunteer, they were also doing.

LaBerge: Okay, as in things for the American Association of Blood Banks?

Hemphill: American Association of Blood Banks, the California Blood Bank System, American Women for International Understanding--[laughing]

LaBerge: Oh, really?

Hemphill: Oh! Just name it, they were all involved. It was community outreach, that was the term we used. Whatever I may have accomplished in what we did, in my heart and my mind is the fact that I'll be forever grateful to them; they have never

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[1]See Appendix for written reflection by Margaret Harrell.

gotten the recognition they deserve for how they made me look good.

LaBerge: Well, I'm sure they would dispute that last statement.

Hemphill: No, no. They really did. It's very true. So that's why the greatest thing I could do is to let them have something to say. And I know oral histories probably aren't that way. Behind every great man is his woman, but behind this woman is all these people. [laughter] They will feel so much better, and they deserve it, because they can be named, right?

LaBerge: Oh, absolutely.

Hemphill: It was very significant for a relatively small organization. They were working local, state, and national. Let's see, you have talked to Emi, or not?

LaBerge: Yes, I have. And I only met Betty Carley at the lunch,[1] but I could tell from meeting her that she was bouncy and upbeat, and she could motivate someone to volunteer.

Hemphill: But she has much to say that will make this story more human.

I want this oral history to be a people story. I don't know how I can do that.

LaBerge: I think that already it is.

Hemphill: It has to start, it has to be throughout and give credit to women. The things we were all doing, we were never officially trained for. We were never programmed by a consultant. [facetiously said] I mean, I'm sorry about that, but you know, we just didn't have consultants. If we're in trouble, we've got to get out of it. "We can't afford it. How can we do it frugally?" It's very hard, I have to control myself, but CEOs of organizations need to be responsible by their own intelligence and their own ability, the people they have surrounding them, call it a "cabinet" or whatever. But they should know their business, and they should be able to run it and get out of trouble, and if as the end result they can't, fine. [tape interruption]

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[1]During the course of the interviews, Alumnae Resources presented a Women of Achievement, Vision, and Excellence award at an annual luncheon, May 1995. A videotape of the presentation is deposited in the UCSF Archives along with Mrs. Hemphill's papers.

The thing I want to really not treat lightly is how much a change of an administration can raise havoc and heartache for many people in an organization. When I left the blood bank, the new director employed was not welcoming to anybody, even though they'd been giving fifteen, twenty, twenty-five years of competent, efficient, effective service, which could be proved by the bottom line of the financial reports, as well as the number of blood donors we had. And I can honestly say, Irwin has never been the same in many ways.

And that was not because I left, but the loss of attitude, humanism, heart, and concern that these people had for the public, the donor public, and their job. Emi left when I left. Arlene left within two, three months. Our supervising nurse, within three or four months.

LaBerge: What was her name?

Hemphill: Helen Devine. She was a great nurse. Actually, it was interesting, because she originally was the one that started the labor union.

LaBerge: Oh, really?

Hemphill: And ended up in management, and ended up to be one of my very close friends. She didn't want to go back to nursing at the bedside, which she's doing now. But that was her fate. For a long time, she didn't. She went into painting houses. She was so thwarted, so unhappy. But you know, we take very lightly, when we read in the paper there's a merger, there's a meld, there's a bankruptcy, there's a this or a that. But the human lives that are affected--it is an incomparable burden on people.

I'm not talking about somebody being favorites. But I'm talking about a humanistic, nonprofit organization of people of talent. Is it always great that the CEO fires everybody or makes it so difficult for them so he can hire somebody else? The one I'm referring to, he only brought one person in from afar, but just decided to hire people he wanted. Because they were not loyal.

Well, the board of directors says the CEO is omnipotent. He comes and he can have his own team. Because most boards don't know who is who, who does what or what their performance has been, unless they've been the president or very active in the organization. And I think it's a great loss of human work and potential. My oral history isn't going to change it, but I think that we should care a lot more about people.

Emiko Shinagawa

[Interview 10: July 6, 1995] ##

LaBerge: Last time, we started talking about people you worked with, and you told me about Arlene Kane and the union, so I thought we'd go on from there. One person whom I know is very close to you is Emi [Emiko Shinagawa]. Could you tell me what her job was, and how you hired her?

Hemphill: She came to the blood bank in 1950 at, I would imagine, about nineteen years old, so very young. She didn't even know her husband; at that point she hadn't met him. She was from Lux College. She came as a secretary and office assistant. She'd have to tell you when various things changed with her, but she worked for us for thirty-two years (1950-1982).

Her demeanor, her personality, is quiet, efficient--I guess the first would be highly organized. Her thought processes, the way she thinks, the way she writes, the way she speaks, I have just never known anyone that brings it all together. She is loyal, very dedicated, to this day calls me "Mrs. Hemphill." I say, "Emi, call me Bernice." But anyhow, we worked side by side, though she was employed by the Irwin Blood Bank, as I was. But in every project I ever worked on, practically, other than, say, my social life, she was my right and left hand.

LaBerge: From the very beginning?

Hemphill: I got involved in '47 with the AABB, and she had come around 1950, so almost. Whatever I was involved in: the California Blood Bank System to a degree, but particularly--[telephone interruption]

I'm rambling, but she lives in Richmond. She commuted. When she first came to Irwin, she was not married. Then she met her husband [John] at a Japanese organization, and they married. She had four children. They lived in Richmond, and never in that period of time did she ever take more than one month to have the baby before coming back to work. Her mother lived with her and her husband. Never late. I mean, she's an incredible woman. Talented, artistic, does the most beautiful calligraphy.

LaBerge: You gave us some of her note cards.

Hemphill: All right. That's just aside. But everything she does is sheer perfection. It sounds awesome, but I've just never known

anyone like her. One of the doctors used to say that when Emi is typing, you need a fire extinguisher. Because she's totally absorbed. You could say something to her, she's typing just as fast as they can go. You could say something to her and she'd answer you, and she'd just keep going. Unbelievable powers of concentration.

In any event, for all of those years we worked together on all these Irwin things. During the lawsuit, she would be there by eight-thirty in the morning and work until midnight, go home to Richmond, and come back at eight-thirty. I mean, no overtime. It's just an incredible experience of our relationship, which leads me to showing you probably my greatest treasure, because I could be very demanding and very hyper and worried and concerned and struggling to make decisions, and she would be right by my side. Or I would ramble on, and she would come back the next day and make it sound sensible. It's these people that really made me look good, and that's all true.

But I want to show you this, because this is my greatest treasure. [Showing a handmade paperweight] She is so noncommunicative. I mean, calling me still "Mrs. Hemphill." But right now, she'll sign something, "Love," or write a thank-you note for something that I may have done. But this really depicts our relationship and I've never seen anything like it, and she did it. [reading] "Without my very special friend, I don't know what I'd do. She doesn't have to see me laugh to know that I'm glad. She doesn't need to see my tears to know that I'm sad. Even when she's scolding me, I know she's on my side. I guess our very special friends are those we see inside."

LaBerge: Oh, that's wonderful!

Hemphill: I just sobbed! Now, these are the flowers that she did. And that, to me, is the greatest treasure I have on earth.

LaBerge: Oh, it is. When did she give this to you?

Hemphill: Probably about the time that I retired, or shortly before--during the lawsuit, I think. Besides writing it, she composed it.

LaBerge: Oh, that is a treasure. That is really wonderful.

Hemphill: I just have never had anything like this. Betty Carley--they're entirely different personalities--but Betty has a light tone about everything. She always seems to have the right word, very heartfelt. I would never have expected to have this

from her, and it came I think at a Christmas or something. I just dissolved. Well, Charles was still living, so it's been quite a while. I just wept and wept and wept, I couldn't believe it. But you see, never would I have thought--because she calls me "Mrs. Hemphill." And to write "friend." It's a very different situation.

Up through our whole life, I guess I'd say she is my most trusted friend, associate. Emi is sixty-five--well, she couldn't be my daughter, but my closest living human being. And remember, it's no social relationship, because she doesn't like that really. And to get her to come to a party--to get her to come to the luncheon, like the two luncheons,[1] that's just, "Okay." But it's not something that she yearns for. It's her family. Now she's traveling. There's nothing that means anything to me as much as that.

And so as I said, through thick and thin, through all kinds of emotional and traumatic experiences and problems, I have never found her to ever, ever not be supportive and with me. And of course, it shouldn't happen, but when you're the most stressed out or under unbelievable pressures sometimes you say, "Don't you understand!" That's my personality. Emi was always passive. I only saw her cry maybe twice in all our years. I hurt her by just the way I exploded or did something. And oh, I just was devastated. It was all my fault.

But that's the kind of situation. It's not like the husband-wife relationship, and not having children, I can't say--maybe it could happen to some mothers and daughters or sisters, but anyhow, she's an exceptional woman. I just don't know how I could get her to be--what's the word?--anointed. [laughter] I just wish there was a way.

She is in charge of my estate, everything. She has the key to my heart and my soul.

LaBerge: During the war, did she have to be interned in one of the relocation camps?

Hemphill: Oh, yes. She and her family. She had a sister and a brother, and her father was I think a journalist, and her mother more or less at home with the children. They didn't know each other at that time, but her husband's family were all interned. She came out right into the first job, and it's the only position she's ever held. Now, when she left the blood bank, she

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[1]Mrs. Hemphill was honored at two luncheons in 1995, one given by Alumnae Resources and the other by Points of Light.

started this little business where she would have her arts and crafts at state fairs or county fairs or community activities. That's when she sold those things.

All my Japanese dolls that I have, I haven't used them for so long. But she's made all of these dolls, a wedding doll, and to have her make the Virgin Mary as a Japanese was very touching. Never says anything. She'll come over once or twice a month on our business matters, and she just works quietly. Wishes I would stay out of the way, I'm sure. [laughter] She'll ask me something if she hasn't figured it out herself.

LaBerge: When I talked to her, she mentioned that she was really involved in the American Association of Blood Banks.

Hemphill: She was involved in every bit of it.

LaBerge: What was her title?

Hemphill: She traveled with me. She was our administrator [administrative director] at the blood bank. She was administrative assistant to the National Committee on Clearinghouse program. Everything was volunteer except her one position with Irwin.

It's a total example of people with ability that don't get a chance in today's world any more, unless you come in with all your degrees.

LaBerge: Or previous experience.

Hemphill: Experience. I think it's absolutely wrong. At the Commonwealth Club, we're hiring a new exec, and the search committee, you know. Don't even bother if you don't have X experience or degrees.

And the same is true for Arlene Kane and Margaret Harrell--

Key People: Arlene Kane, Margaret Harrell, and Betty Carley

LaBerge: We didn't talk about Margaret Harrell. Tell me what her position was.

Hemphill: Margaret was an administrative assistant for corporate and community affairs. She was involved with the Irwin Blood Bank,

but she also got involved somewhat with the state, a little bit of that. She also was hospitality unlimited for all the people coming on tours. Her sense of humor was incredible. She had great creativity. She was great at cooking. When we had meetings, she'd fix all the lunches and the dinners for the commission.

LaBerge: And that was not part of her job? It was just a little extra?

Hemphill: Oh, no. She lived across the street, so her hours were--whenever we needed her, she worked.

LaBerge: Did she work on things with Arlene, did she do personnel or labor negotiations?

Hemphill: Margaret? No. Arlene always was personnel and finance and management [Director of Management and Services]--and handled all the union contracts. She was a superb negotiator, and as I said, her marine background and training and structure and discipline was so effective.

LaBerge: Did you hire Arlene and Margaret also? You certainly had a way to choose people.

Hemphill: It's fate, I think.

LaBerge: No, it's not fate when everyone is effective and seems to fit the bill.

Hemphill: I cannot say how blessed and fortunate I was, because it was like a club, really--we all belonged to this. They could all kill me at the slightest provocation, because I was very committed and focused and demanding, I guess. I wasn't like a sergeant particularly, but with deadlines I really would not start as early as Emi would want. I work under pressure, which is very bad. It really is. They could never hire me in today's world, because you have to have a plan, and how many months they spend on a mission statement. [laughs] The mission statement to me is that we collect blood from donors and we give blood to patients. Enough of that. But it has to be simple without a lot of polity and verbiage and all that business.

So I am saying that these people, their contributions were local, statewide, and national. It was such an exceptional group--don't you think?

LaBerge: Oh, yes.

Hemphill: It was like nothing else. I just don't know how I could explain the way we all worked together.

LaBerge: The fact that you're all retired but you've maintained those relationships speaks worlds.

Hemphill: And we have fun, we really do.

So they would come to the national meetings or the state meetings, not just Emi--all of them. And everything I did in the clearinghouse, she traveled with me. Irwin was paying her salary, but her travel and staying in the room would be to the penny, [hits table]. Frugal. It was just incredible.

Arlene would go to the national meetings. But Margaret also, as I said, was kind, generous, giving. When my mother was widowed and I was traveling a lot, she went beyond anything to chat with my mother, and my mother would find out what I was doing. [laughs] How do you describe relationships like that? They were just my friends. And I didn't have any spell over them. It wasn't anything like that. It wasn't a religion, it wasn't a cult.

I guess their lives were such--Margaret was a widow, Arlene had not married, Emi had the family. They had their own social life, and their reading and traveling and all that was their own. They had their own dimensions. Margaret's family lived in King City. She'd go home every other weekend or something like that. She loved cooking and hospitality. She was a great reader, avid reader. Arlene was very intelligent. I guess that applies to all.

And the humor. Humor was very important--all different. Arlene sort of more sardonic or negative. "I can see through it all." Margaret was just very funny, getting off one-liners. Emi is stoic. We could all laugh at ourselves and at each other, but we never hurt each other. I think Arlene quit twice, but [laughter] I talked her into staying.

LaBerge: That's great. Now, how about Betty Carley? I know she was in charge of volunteers.

Hemphill: She was a volunteer.

LaBerge: She was a volunteer, too? Okay.

Hemphill: First. She must have been a volunteer for two or three years at the blood bank. Then she was so good. Her humor and--

LaBerge: I could tell from meeting her once that her humor--

Hemphill: Oh, she's a fun-loving person, really. But very serious, very loyal also. A friend is a friend, to have a friend, one must be a friend, that's Betty. And committed to volunteerism. As I mentioned, her husband died when their little girl was about three years old, and she did not work. She lived with her mother and reared her daughter through college. She loves to be a volunteer for everything. USF, Fort Point, the Presidio, Mission Dolores, docent volunteer. She is very giving, very generous, extremely thoughtful.

Support for Volunteers

LaBerge: I read a little bit about--you called it an indoctrination program for volunteers. Did she have something to do with that?

Hemphill: She was in charge.

LaBerge: Thirty-two hours.

Hemphill: Yes. She would have been our first paid director of volunteers.

LaBerge: But you must have started that?

Hemphill: Oh, I started that.

LaBerge: How did you decide how to train people?

Hemphill: Whether they were in the motor corps or elsewhere, hours for volunteers, pins for volunteers, recognition luncheons or teas for volunteers, a newsletter for volunteers, keeping them apprised of the whole blood bank scene, our joys, our sorrows; we just treated them like part of the family. The volunteer was supreme, very important. It comes back to giving blood: volunteer. Giving money: volunteer. Giving service: volunteer. So I felt that we were the epitome of needing community input, help, and support, because we existed on the basis of people giving of themselves, and/or their money.

Where the Money Goes

Hemphill: It wasn't until after I retired that we started the Blood Research Foundation, which I won't go into at this point, but

with that we really brought money in. We had two fund drives in all the years I worked at Irwin, in say the thirty-eight years. The first was in '53 to '55, when we started the building of the blood bank, and we raised approximately $225,000 to help us with our building program. Then again in '70, we had a minor, not an all-out fundraising. But we got all of our money by our processing fees or the credit system where the person would not ask someone to replace, and there was the replacement deposit fee.

That's how we funded separately our research, or that's how we built a building. The patient who received blood had these options, choices: to replace through families or through the companies that had the predeposit system for their employees and their families. No one had to pay for blood replacement, even though this fee was levied. If you had no friends or no relatives, you just had to tell us. And then when there were more donations given than we needed, either from corporations, from the employee donations, or just individuals giving to the "bank," then we would take care of all people who were not able to pay that fee. The processing fee was always paid by health insurance, or if you were a city-county patient on welfare, be paid out of public health funds. So I still feel that that system should be viable--

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Hemphill: So blood banks then sort of lost contact with the patient. They just give blood to the hospital who issues it to the patient, and in turn pays the blood bank a higher fee. Then if you want, you have to keep your processing fees going higher all the time. There is no other way to subsidize it, or ask for donations of money.

Fundraising for the New Building

LaBerge: That's right. Well, when you went about fundraising for the building, how did you go about that, since you hadn't done something like that before?

Hemphill: Well, we formed a committee, composed of volunteers, the San Francisco Medical Society Women's Auxiliary; some of their members decided they'd do fundraisers by socials or direct money-giving. The physicians had a group. And then we had general community representatives who would go to the corporations. But we had saved--I can't recall, but I guess the building and the land probably cost like a million-plus

dollars in '55, or less, but with that money, we were debt-free and had money in the bank.

In '70, we remodeled and everything, and never asked--I think we maybe got $500,000 or $600,000 donated, but up until the time I left, based on the system I explained we had, we had money in the bank, and we were able to take care of people who were not able to replace, and we paid all our bills and were very self-sufficient and solvent.

Now, since that time, of course, the processing fees for a unit of blood--gosh, I can't remember--have gone up two and a half times or three times, in the ten years. Then they had to go out in bonded indebtedness, float bonds to remodel this building now.

Legal Counsel, David Willett

LaBerge: Did you go to a lawyer?

Hemphill: Oh, yes, a lawyer. That's the firm of Peart, Baraty & Hassard. They were fabulous, and they were also the attorneys for the California Medical Association. It's now another name.

LaBerge: Is it "Hap" Hassard, is that the one?

Hemphill: Yes. He's doing his [oral history], isn't he?[1]

LaBerge: Yes. In fact, I think it's finished.

Hemphill: Well, he probably won't say anything about blood banking in it, but it will be interesting. I'd love to read his one time.

Anyhow, they were the ones that I turned to for everything. It was Howard Hassard who was helpful. Then, the man I really want to give great credit and recognition to is a man by the name of David Willett. David came aboard as newly employed, and in that era, it was like medicine. If you're the chief, you're the chief, and Mr. Hassard was traveling so much. He was also attorney for the American Medical Association--the firm was. He and his associate. It was called Peart, Baraty,

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[1]See H. Howard Hassard, "The California Medical Association, Medical Insurance, and the Law, 1935-1992," an oral history conducted in 1992, 1993 by Malca Chall, Regional Oral History Office, The Bancroft Library, University of California, Berkeley, 1993.

Hassard, and then Baraty and Peart died. I never had very much--they were still living when I started, but really Howard Hassard was the account person I was with.

Then they changed the firm to Hassard, Bonnington, Huber & Smith, and now they've changed again. The senior active partner today is Dave Willett. I found him in the library, and I tell him he's only a success because of me. [laughter] It was such fun. I would ask for Mr. Hassard [and he would be out], and I'd say, "But I need it now!" This is the story of my life. I never could wait for something, and of course, in that era, it wasn't as difficult. You can imagine what I'm doing with phone service, answering machines.

But in any event, Howard Hassard was traveling. "Well, when will he be back?" Because I've got an Irwin problem, and I wasn't in trouble, but I wanted to be sure I did it right, before I did something goofy and then I had to do something else. So I was doing all of Irwin's potential problems with donors and blood, and then forming the California Blood Bank System by getting the articles and bylaws, and how we'll operate. We'd have meetings and form committees, and then over here, starting the clearinghouse. I was, in 1949, also treasurer of the American Association of Blood Banks.

I had very many reasons to not only talk to accountants, but also to attorneys. Mr. Knapp was still helping, but once I got into it nationally in the fifties, I thought--all on my own--we need a national accounting firm. So I went to what is now today Deloitte Haskins and Sells. I have to give credit to some other people there, a person by the name of Henry Jacquemet, and Dennis Wu, who's a senior partner in the firm. But you have to teach them blood banking. There's nothing on earth like this as it's growing. So it's when we became the American Association of Blood Banks, that's when, it would be the late fifties.

But in the meantime, we were doing all these various things. So from the legal point of view, I'll finish my story, I'd always ask for Howard Hassard, and I realized I had great respect for this man who was all business, never funny, never humorous, just so serious. I knew enough to save his time, though he didn't charge by the minute, but I'd have to wait for him to come home. Well, then he'd be so busy, when will he get to me?

So I said, "Isn't there somebody else that can help me?" And then this little voice would come on in the library, and finally he'd say, "Well, I think this would be it." This went

on for three or four years or whatever, and I finally asked, "What's your name?" Only to find it was David Willett.

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LaBerge: I have a couple other people that are in a different category than the women we've just been talking about. One is David Willett, whom you mentioned once but we didn't really talk about him. I know he was your lawyer.

Hemphill: He worked for the firm.

LaBerge: He worked for the firm. But off the tape, you were telling me a little bit more about him. I'd like to hear more about what he did as your legal advisor.

Hemphill: David was a junior, the newest hire in the library. He would be doing all the research, looking up codes. He was doing all the work for the senior attorneys, you see. The senior attorney, his name was Howard Hassard, was noted to be the best, I guess, for both medical-legal work, as well as malpractice, but in medical-legal work, he was a genius. It was Hassard, Bonnington, Smith, and somebody else.

But that was way, way back. Mr. Hassard traveled a great deal, because they were attorneys for the San Francisco Medical Society, they were attorneys for the California Medical Association, and the American Medical Association. And then of course, doing court work and all kinds of legal work. The attorneys were busy all the time.

So David was a voice [on the telephone] for one or two or more years, I guess, to me at least. But whatever David told me, I'd say, "I want it in writing," and then Mr. Hassard would write me the letter. And then it got so that I could never get to talk to Howard Hassard when I'd have an employee problem or a donor complaint, or a patient problem, and I needed legal advice. So I would always just talk to this voice. That was in the fifties and the sixties, I guess. I have to find out when he joined the firm. But anyway, he I think now is the senior partner. So I always tell him that his success is due to me, because I found him in the library. [laughter] And told Mr. Hassard that, "David is very good, he always gives me good advice, so I'm just going to talk to him instead of you." Because that's the way it was.

One day David got engaged, so I had a party for him. Going back forty years, he must have been maybe twenty-eight or thirty, in all of his thirties this was going on.

Accountants for the Blood Bank

Hemphill: So then I got the firm to be the attorneys for the California Blood Bank System, and the attorneys for the American Association of Blood Banks, and that was it. We had a man who taught me finance, a Mr. Phillip Knapp.

LaBerge: Oh, we spoke about him.

Hemphill: And he taught me bookkeeping, how to read financial statements, because he had lots of stocks and he was a very affluent man. So he did the books for years and years.

For a while after Mr. Knapp, we had a man by the name of Arnold Evje, and he was a solo accounting firm. He did our books for a long time, for Irwin and for the American Association of Blood Banks. But once I started getting involved with the clearinghouse program and the American Association of Blood Banks, I felt that since we were handling national money, we needed a national accounting firm. This was purely of my own thinking.

So I felt that a national accounting firm and a national law firm, particularly centralized on medicine, was very important. I think those were very sound decisions. I got involved in the latter years with--it's Deloitte Touche now, but it was--

LaBerge: Deloitte Haskins?

Hemphill: Haskins and Sells, and then it was something else before that. That's when I met, started with a senior partner named Henry Jacquemet. He is number one to the archbishop [John Quinn] who closed my church--he retired and became a deacon in the church. I have told him since that I can't forgive him for that. [laughs] I'm joking.

LaBerge: Your church is St. Brigid's?

Hemphill: St. Brigid's. But he's in the archdiocese; he's an advisor to the archbishop.

But anyhow, that's how I met Hank Jacquemet. Now, at that time I never knew what religion anybody was, it was purely business.

They had to be taught blood banking. They had to learn what the clearinghouse was doing, they had to know--they were accountants for the AABB, for all of its fiscal affairs, and

the clearinghouse, and the contracts we had with individual hospitals, because you had to have a contract to sign to be in the clearinghouse program. That took in legal and the financial part. So those two firms were very involved, and I certainly want to give credit and recognition to Howard Hassard and others, for how much I learned. I was very questioning, and I was always after them to get their fees lower. I mean, the witch of the West, they would call me.

But it was always a challenge. I didn't have a problem begging, because I was doing all this volunteer work, and they were learning. That's the way things are today. So I begged for everything. Never for myself; nothing did I get free. But I think that is very important, that these firms had to sharpen their pencil. They were so good to us and to the American Association of Blood Banks. It was their dedication--long before you talked about community responsibility as much, remember, these are very early years. Sixties, seventies, eighties. You hear a lot about philanthropy and what companies must do and their responsibility to minorities and to women and all of that, but ours was pure and simple: give blood, give money, give service.

LaBerge: Now, did you have another law firm besides the Hassard law firm that was national, or was that a national firm?

Hemphill: No, they were doing AMA work. They didn't have a Washington office, but they spread out because they had many other consultants to other medical societies as well. And they were so well known.

But then there was someone else I wanted to mention. Henry Jacquemet brought in a young man, Chinese, whose name was Dennis Wu. Dennis is a very senior partner now, but he was a junior partner in the firm. So Dennis learned about blood banking. We subsequently have become very good friends, and I call him my Chinese son.

We're all friends. I can't say everybody, I guess, but most everybody I ever worked with in any community capacity have always been friends. We always had fun together, enjoyed each other, and liked each other.

Then Dennis brought in another person, Howard Hoover. Now he's a senior partner. So I tell them their success is due to me.

LaBerge: It sounds like you really did give younger people a chance, or people who didn't have the experience--

Hemphill: Well, they were bright. We would talk all the time. I guess I was a character. That sounds presumptuous, doesn't it? But I loved to teach people about blood banking, or get them to be disciples. I think that's better, in the sense that everyone that I would come in contact with, if they knew more than what they knew when they started, then they would get us donors. The same with the staff. This is funny. Margaret used to say, "Oh, I work at the Bucket of Blood." [laughter]

LaBerge: Bucket of Blood, that's great!

Hemphill: And everyplace Margaret would go, everybody. Jumping around again, but Margaret used to give blood frequently. But going back to the Asian culture and everything, I think Emi worked for the blood bank for more than fifteen to twenty years, and one Christmas we had gift certificates. She gave blood for the first time. That was her gift to me, she gave blood after twenty years, or some number of years.

Universality of Blood

LaBerge: Tell me about the Asian culture's perception of blood.

Hemphill: Mostly, to go back into the early years, the majority of donors are Caucasians, of Irish, English, Scotch, European ancestry. In those days, in Chinese burial, they would bring food to the cemeteries, and the spirit is--I can't define it really, but it was something that you don't give blood, do anything like that. Even when they started their own blood banks, they only take a half a pint from most people. It's certainly much better in today's world. That was true for blacks and Latinos, also. These races, most of them, the majority do not give. But after all, the majority of Caucasians don't give.

My point is that we have to work much harder to educate, communicate, and explain to people. I'm back to the beginning of everything--why do we have all of this negativism and anger and racial division, when the body and body parts, organs, are the same for everybody? Yes, there are specific subtypes or different genetics, but not when it comes to--as long as under the microscope, a donor and a patient needing blood or organs or any transplant is compatible, what are we worrying about? And particularly in blood.

You've heard me say so many times but it should be the common denominator for respect, appreciation, togetherness, unity, and everything. Because we're more alike, when it comes

to living, than we are dissimilar. We need each other to live, when it comes to blood and organs, and everything else that's creative. I just can't say enough somewhere, somehow that I'm doing this history for these things that I have no other outlet for. I can go to the [San Francisco] *Chronicle* and ask the editorial page for space, but it has to be that--"We are the world" extends beyond the song, beyond linking hands, but to give to each other when there's a need, of whatever we can give.

You know how long it's taken me to decide to do this oral history.

LaBerge: That's right.

Hemphill: If only somewhere, somehow, there could be a few thoughts that would be remembered, and networked on, which transcended the same old thing, our interdependence.

Let me stop here and ask you: why cannot this theme be vocalized and in print, and become really popular? I feel so strongly that we must get to the bedside with all these millions of people that are getting blood transfusions, and make them realize that it came from other people. People of all races are taking care of people of all races. I just think it's got to be brought out of the closet and be spoken. And it could be. It could be better communicated, if we had people who have had fifty transfusions from people of all nationalities, they're doing fine, why can't we do something like that?

LaBerge: I agree with you.

Hemphill: Internally, I can't get people to--

LaBerge: You mean internally in the blood bank?

Hemphill: Yes. It's understood that it not be spoken. It's not understood at all! Many people wouldn't want to think about it. But if somebody got upset, the worry is AIDS, see. So all you want to do is keep people happy, don't ask questions, and if you do, we'll give you some obtuse answer, and that's the way it is. [telephone interruption]

Herbert Perkins, M.D., Director of Research, 1959-1993

[Interview 11: July 25, 1995] ##

LaBerge: Last time, we were discussing different people you worked with. A person we haven't talked about is Dr. [Herbert] Perkins.[1]

Hemphill: Oh, yes.

LaBerge: He came to the blood bank in 1959. Can you tell me what you recall about that, for instance, did you hire him?

Hemphill: Yes.

LaBerge: Tell me about meeting him.

Hemphill: He was at that time doing research at Stanford, which was still in San Francisco. Perhaps you can find his exact title there. He was actually involved in coagulation, and particularly working with the heart-lung machine and Dr. Frank Gerbode whose interest was in open-heart surgery, so he was in research.[2] Also, we had an artery bank.

LaBerge: At Irwin?

Hemphill: Yes. Just opened that at the same time, coordinated by Dr. John Erskine. That was set up in the lower level of the blood bank.

Dr. Perkins was just getting underway with his career. In coming to the blood bank, I guess we called him director of research.

LaBerge: Before that time, had you had a director of research?

Hemphill: No, we hadn't. We had physicians that we paid on a monthly or hourly basis to be in attendance when we collected and processed blood, but this would have been an entirely different dimension for us, starting into more clinical investigation and the scientific aspects in relation to blood banking.

LaBerge: What made you decide to hire a research director?

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[1]See the interview with Dr. Perkins in *The AIDS Epidemic in San Francisco: The Medical Response, 1981-1984, Volume V*, Regional Oral History Office, The Bancroft Library, University of California, Berkeley, 1997.

[2]See "Frank Levin Albert Gerbode: Pioneer Cardiovascular Surgeon," Regional Oral History Office, The Bancroft Library, University of California, Berkeley, 1985.

Hemphill: I think it's just paramount when you're in a medical field that you do service, and you do research, training, and education. That was an area that I wanted to see the blood bank launch. So he came aboard, and we started these particular programs in coagulation and so forth.

But then it changed. He was our director of research. That was very inclusive, because also, he was active particularly in the American Association of Blood Banks subsequently. Therefore, he was on the standards committee, chairman of the standards committee, involved in scientific programs at the annual meeting, was also starting his own career and being identified as a very good scientist.

So the various scientific interests that were his throughout these years, centered on coagulation, on blood preservation, leukocytes particularly, working with Dr. Rose Payne on leuko-poor blood and white cells, which could cause transfusion reactions. He was actively involved in hepatitis, and/or malaria--all aspects that related to either inclusion or disqualifying of blood donors, so that his scope was very broad-based.

LaBerge: When he worked for you, did he bring his own team?

Hemphill: Yes. He would bring in fellows and technologists, whatever project he was working on. We did attract funds from government and the private sector. But it was a more limited research, based on his own personal interest, than what is currently underway at Irwin and that had been underway, we'll say, for the last ten years. I left in '82, and he was still scientific director then until about, I'm not sure, '85 or '86 when he became executive director.

LaBerge: Which had been your title.

Hemphill: Was my title. In other words, when I left, there was another man who came in as executive director, so Dr. Perkins stayed on in the scientific realm. And of course, when I left at the end of '82, it was just one month before AIDS [became more identified]. So he was actively involved, locally, statewide, and nationally, in the AIDS problem. This other man that replaced me was not a physician. That was a transition.

He really financially impeded the blood bank, lost most all the money that we had accumulated, and had as a reserve. When he left, Dr. Perkins took over as executive director until, I think, about '93, when Dr. Andrew Heaton came on. He's now called the president. And then there's also a

chairman of the board. And of course, the commission goes on throughout all of the years.

Program for Scientific Blood Bank Technologists

Hemphill: But Herb Perkins is a very creditable scientist, he is highly respected, not a bit self-aggrandizing, very substantive, stable, and exceptionally knowledgeable about all facets of blood. Irwin has been very fortunate to have had our association with him for such a long period of time. During his era also, we had an advanced educational program for technologists. We were the first blood bank to give a one-year program to clinical laboratory technologists, that would train them in all aspects of blood bank technology, and then in turn, they would take an examination by the American Association of Blood Banks to be certified as S.B.B.

LaBerge: S.B.B. meaning?

Hemphill: Specialized Blood Bank technologists.

LaBerge: I'm glad you brought that up, because I wanted to ask you about the educational program. For instance, who would come?

Hemphill: You would be already a certified laboratory technologist, licensed, and particularly in California, licensed in the state. And then in addition, you would take a year's leave from your own blood center or hospital, and come and study both through lectures and the laboratory aspects of blood bank work, like A-B-O and Rh and hepatitis testing and whatever projects we were working on in the research department, or whatever was ongoing and current nationally. That would be part of their studies. So it was theoretical and practical, at the bench.

That was all under the aegis and sponsorship of Dr. Perkins. He would bring in other lecturers, depending on the subject matter. So that that was a very good program that we had.

LaBerge: Did he begin it, or did you have it before he came?

Hemphill: We began it under his term.

LaBerge: For instance, how many people a year would come to that, do you think?

Hemphill: We would take usually two or three a year, and then we would give them a stipend, and then they had to subsist on their own or be subsidized by their institution while they were training. Today, it's a very active program with the American Association of Blood Banks. But we were the first to sign on, so maybe there were at best three or four schools when we started. We were the only one here in the West, actually, and then there would be some in the Midwest and on the East Coast, or in Florida.

LaBerge: Florida seems to have been very active.

Hemphill: Florida was concurrent with California, but we all started about the same time. We had lots of mutual friends, so that Florida and California led the way as states in the furtherance and advancement of blood bank both technology and administration.

LaBerge: What was your relationship in the blood bank with Dr. Perkins?

Hemphill: Dr. Perkins was under my administration.

LaBerge: So you were his boss, so to speak.

Hemphill: I was his boss, yes. It worked exactly like it was--we had the medical society as the superstructure, which I told you were called administrative members. And then they appointed the Blood Bank Commission, which was usually about twelve, mostly physicians. Then from that group stemmed my position. When Herb started I was managing director, and then subsequently became executive director, and he was director of research. But research encompassed pretty much all scientific aspects of the blood bank.

Keeping Current with New Technology

LaBerge: Did he have anything to do with helping the staff keep up-to-date?

Hemphill: Oh, yes, in scientific matters.

LaBerge: So would he conduct seminars, or just--

Hemphill: Yes, seminars. And worked with the nurses and with the dispensing department, all scientific and technical aspects.

LaBerge: How would you yourself keep up-to-date with what was new?

Hemphill: I often attended the meetings that he would have with the clinical employees, which was ongoing. And of course, it always involved money. He would give an outline of a prospectus of a project, and then very often, it would go to the technical committee who were physicians--they would meet quarterly, sometimes more often if needed. So he and the technical committee--I always attended the technical committee meeting--would be discussing what we felt the blood bank should do, whether it related to the routine practices in the blood bank that were clinical or technical or scientific, and then we would say, "Yes, we will do them," or, "No, we won't," and "Yes, we have to fund them."

So that's how I kept up, both through his memos and through the minutes of the technical committee. I obviously answered any and all questions that would relate to budget.

Quality vs. Quantity Issue

LaBerge: I'm sure this must have come up early on, but tell me your thinking about the two-pronged problem of both having enough blood, versus the safety of the blood?

Hemphill: I'd say that they had to be in sync. There was never any compromising of standards, or bending, because even though we were in such great need, could we take a chance on this donor? Our standards were always the safety of donor, and the safety of patient, was paramount. Obviously production, volume, where and how to be self-sufficient in supply, or where and how to borrow from other blood banks was important, but always the paramount thing was living up to all standards, and not compromising anything based on cost or short-changing the safety in any way.

LaBerge: So early on, were the tests for hepatitis only?

Hemphill: Actually, mostly we were doing A-B-O, Rh-typings, and that involved more than one technique. It really wasn't, until the later seventies, that we were doing any test that we would hope excludes viral hepatitis or malaria. We were still obviously doing serology testing to exclude syphilis.

The research was ongoing. From the test tubes of blood drawn which were required for the routine laboratory testing, we would have those specimens for certain types of research that Dr. Perkins or his staff were engaged in.

Remind me to bring you some copies of standards, and the technical methods and procedures that were employed in those earlier times, because also Dr. Perkins and our technologists were involved in those publications.

LaBerge: Okay. And these are just Irwin's standards?

Hemphill: No, they're mostly the state of California or the American Association of Blood Banks, and/or the rules and regulations for--well, at that time it was the Bureau of Biologics, and then became ultimately the Food and Drug Administration, as it is today.

LaBerge: Okay. Anything more on Dr. Perkins?

Hemphill: Well, he's a very good writer. His attitude was one of being very dedicated to the blood bank. I'd say actually not really any great self-interest. He just wanted to be a scientist and he was. And very respected by all the staff, everyone with whom he worked. I don't think anybody ever disliked Herb Perkins, because his demeanor was such that he was--well, he could be moody, and we certainly had our differences of opinion about many things--he would want more freedom, more decision, whether it was money, always more money for salaries, or his staff. He was always a great advocate for his staff, and of course, I was for what's fair by my standards for everybody.

LaBerge: But that's admirable to know that, too.

Hemphill: No, it was. Our disagreements were never in an angry way; we never sulked or anything like that. But I can only say that it was over economic reasons, and mostly only that, or authority. I had nothing but the highest regard for him. I did not ever find him unreasonable or having great self-interest. So I just think he's one of America's outstanding blood bank scientists. Which is now called transfusion medicine. [laughter]

Supplying Blood for Open Heart Surgery, Kidney Dialysis, Hemophiliacs

LaBerge: How about when people started doing more transplants? Was that his area? Because you needed more blood for that, or--

Hemphill: No, mostly my era was more the open-heart surgery, which took large volumes of blood. All these years we were still supplying Stanford. Even though they had moved to Palo Alto, Dr. Norman Shumway still trusted Irwin and wanted all his blood

supply from us. And Dr. Gerbode was doing open-heart surgery, and Dr. Benson Roe at the University of California. They live in this building. He was pioneering it as well. So the demands for fresh blood for heart surgery and in volume were very great all during the latter part of the sixties and seventies.

Kidney dialysis was very prevalent in the latter years of my time, so those patients would need from time to time surgery and blood, so that was a very active program as well.

LaBerge: Did you have a special program for hemophiliacs?

Hemphill: Yes. They were using huge amounts of plasma, and we had a close association with the Bay Area Hemophiliac Association, which were mostly friends and relatives of the patients, who met at the blood bank, held their own meetings at the blood bank for many years, at no rental or anything; the facilities were made available to them, and refreshments and so forth. They were very involved. I was trying to help get blood donors for them, and to make fresh frozen plasma for them, and also sending our surplus plasma to be fractionated, and then giving them programs whereby if we could get people, the corporations, to adopt them, or they could get donors, so that they could do it on a two-for-one, two donors and no money at all, because they also had financial problems.

So we were always looking--we were really a bank, "b-a-n-k" in quotes, for them, trying to keep down the costs, trying to help them get donors, being certain that they had the supplies that they needed. I think as you saw in the history of Irwin, in our forty-year history,[1] we identified a great deal with helping hemophiliacs for their vast needs.

LaBerge: How many hemophiliacs, in the Bay Area, when you were there?

Hemphill: I don't remember.

LaBerge: I mean, like twenty-five, or--

Hemphill: It would be in that range, yes. But see, we have northern California, and the Bay Area, so I think about twenty-five. But I need to check that. It's amazing how much I've forgotten.

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[1]See Promises to Keep, a publication of the Irwin Memorial Blood Bank, 1981, deposited in the UCSF archives.

LaBerge: Oh, you do very well. Because I just sprung some things on you today, and you just answer.

The Irwin Family: More on Personnel

Hemphill: Okay, how about another person we didn't talk about, Diane Davey? When did she come to the blood bank?

Hemphill: About twenty-five years ago.

LaBerge: And she came particularly for the clearinghouse?

Hemphill: Ask her about her time. She came on as a clearinghouse secretary.

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Hemphill: She's not a great talker, but she remembers so much more than I do, because she has done several things and watched the growth in dimension; she would be an ideal person to bring. She was not only the clearinghouse secretary, which is a vital part for the AABB, but she also did all the books for the AABB. So she played a dominant role. If you think about Irwin being the blood center, but because of my activities, there was housed there also the California Blood Bank System office, the regional clearinghouse, until it became national, which was in the late fifties, I think, then it became the national clearinghouse office.

So we would have AABB staff working in the blood bank, but I was over all of them, even in the sense of trying to get them through the American Association of Blood Banks and its board of directors, trying to get them salary increases and benefits, and doing all of that for the association, not just for Irwin. Do I make myself clear?

LaBerge: Yes.

Hemphill: So we had, say, one employee in the fifties, 1951, when we opened the clearinghouse, but I was actually her boss-supervisor-whatever, managed that office, and the blood bank office. And then as that California group grew and the other districts started to come in, in my own administrative office, all the work I was doing nationally for the AABB was under Emi and Margaret Harrell. So you need to ask more somewhere along the line about Margaret Harrell.

LaBerge: Okay. We talked about her a little bit last time.

Hemphill: She has things she would like to send you. Margaret is wonderful. You'll enjoy her, because she's humorous, she was the "chefess," but she doesn't want to be known for those things. She was the hospitality person that really, everybody knew. Margaret was funny. I think I told you she just did a cookbook, didn't I, on her family?

LaBerge: Yes.

Hemphill: The old recipes. If you asked her to send off some thoughts on her days at Irwin, she would love it, if it would save your time. Because I think you'll find it fascinating. It will fill in--do you ever do that, or does it have to be I am doing it in the first person?[1]

LaBerge: We do sometimes do that, but we would like to get as much as possible from you.

Hemphill: Yes. When I'm looking at my friends--Diane Whitaker and a lot of people like that, I think that these other people have such a depth and dimension--and they wouldn't care whether they said it or I said it, but it will fill in. It will be much more interesting than just mine. Because they were so important. I think that's our criteria, isn't it? That when you've got fifty-plus years in, and these people were such a vital part, so it isn't just that it was a one-woman show. I think that their perspective, the things they saw that helped donors and patients, and what it was like to work under me. I don't mind, it's true! Anything they say will be true. So I don't want to be saintly, a holier-than-thou, or a martyr. Because it wasn't that way. We had such happy times.

The fact that we're all such close friends--they're my family. They're just exceptional. But you know, there could be a lot more of that today.

LaBerge: You're right.

Hemphill: And the only reason I want to see it come through in this oral history is that things [today] are so segmented, so specialized, and in many instances, it's lack of warmth and understanding. How much more one can achieve by having a happy working relationship. It wasn't always happy, and I was very difficult to work for, as I said, because I was very demanding and never achieved it, but always wanted it to be the best, perfection. That's not easy.

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[1]See Appendix.

But so were these people. They really had great pride in their work. They were as loyal to the public and the donors as certainly I was. Not in any way being that recognized for it. So this is my chance to show I will never forget why I was able to do what I was able to do, because of their support, their ability, their knowledge, their commitment, their loyalty. That's why we were a good organization.

Whenever we had visitors from the American Association of Blood Banks, I always tried to bring them if we were having a get-together, one great group or something, say have lunch with us or go to dinner with us, anybody that was working in the program, so that it was not just Bernice. They could be a part of it, and always on a first-name basis, whether it was the doctors or administrators or other technologists.

Downsizing of the Clearinghouse Offices

LaBerge: The other thing I have written down for Diane is the Blood Research Foundation, so could you tell me about that?

Hemphill: When I left in '82, I was still on the board, director emeritus. As director emeritus, I was still a member of the AABB board. I still directed the national clearinghouse program, and mostly still, the finances of the program. Diane was the national clearinghouse secretary, not just on the staff. She was still doing financial aspects.

So then we transferred the books of the association general, as it was called, which was the main income and expenses and so forth for AABB, then she still stayed on and we kept the funds for the clearinghouse aspect of it. Then they were subsequently transferred.

After I left on October 31 of '82, because I had vacation, I spent a good part of the year trying to get along with the new director, and/or the board, wanting to be very loyal and supportive of him, but when it's over, it's over. At least, I felt that was the way it should be, so I didn't meddle into Irwin's activities per se. I only had to move offices. I had to leave my executive suite with the bathroom [laughter] to an office in the rear of the building, which was the clearinghouse office. It had been for the Pacific District clearinghouse, for the national clearinghouse, and it was where

the financial records were and all the work was done for the association general. So I just moved a desk into that office.

LaBerge: But now you're in a volunteer capacity, right?

Hemphill: I was a volunteer, I had retired, and this is November and December of '82. Then I was there all of '83, and of course, a lot was going on with AIDS at this point. But in '83, I was working with the board and Mr. McDonough to figure out how we would start a blood research foundation, and how it would function. We had to write a prospectus for it, bylaws, articles of incorporation, and work with the attorneys. I was full time, really I was going almost every day. Let's see, my husband died in '88, so from '82 to '88, I went to the office most every day, and worked just as if I was working full time, not only on that but also I was still involved with the AABB actively. So I had lots of correspondence.

The transition to close out all the clearinghouse accounts, that's where Diane [Davey] will bring a lot, because I had to work out how we were going to do this, how to close the other [clearinghouse] offices, how to retrench. We had five offices: plus the one in San Francisco was national and district, but we had four other offices, one in New York, one in Florida, one in Dallas, Texas, and one in Ohio. So those were all functioning, and I was still in charge of all of those offices and the staff there, the transactions, and the running of the program.

So it was the year that I left, as I said I'm not quite sure on this, but it was approximately '86 or so when most all except the Pacific District office had moved back to Washington.

LaBerge: Okay, so right now there's only the one national office?

Hemphill: They've retrenched to the national office. They only have one regional office in Ohio. Everything else has been closed. They have three or four people in the national office now that are working areas. They do not have an 800 number, they are not located in Florida or in New York any more; they're in Washington, D.C., at the main office of the AABB.

LaBerge: So what was the reason for that, for closing the regional offices?

Hemphill: I think one would say control, and to conserve expense, downsize.

LaBerge: I'm sure with computers you can do it more easily.

Hemphill: Yes. You see, if you go from the fifties to the eighties, we were still--and they do to a degree now, but we did mostly--quote, "marketing," sales, getting hospitals and blood banks to come aboard and be involved. So that meant when we did the whole AABB part, it was just like being a salesman without money, as a volunteer, calling hospitals, calling meetings with groups of hospitals in the city to try to get them involved and interested. And that was never done by staff. I would do the original contacts, and then the staff person in that region was the local voice.

And if you take the East Coast, you're talking about six or seven or eight states, and long distance wasn't as inexpensive; we had telex, but we mostly used long distance. They would call in their blood requests, or we would tell them what we were doing, so we had big phone bills. The communication was done by correspondence, by telex, and by phone, moving blood every minute of the day and the weekend. We'd have weekend calls with an answering service, where people could call in requests, and ask for or report surplus. I didn't mean to get off into that subject, but that's how the offices did retrench and downsize, but that wasn't until the eighties.

LaBerge: But by that time, are you saying that then you didn't have to do marketing, or get people on board, people were already--?

Hemphill: They still are doing some, but not at the same level. The greatest progress and growth and development was in the seventies and the eighties, as far as trying to get even the Red Cross to come in, or the hospitals they were taking care of. If the Red Cross learned that the hospitals wanted to join the clearinghouse, they'd go in and oppose it, because they wanted to have control of their customers, if you will.

It was not easy to do any of this, because I was a volunteer, and for the Red Cross, it was their business. They were getting paid to operate their program and keep it intact and not let anybody intrude into their region or area of service. So my whole thought processes were that--and it sounds very difficult to say this, because it's hard, but the Red Cross would have covered and had much more dominance on America today if I had not been around. I would take on the world on that subject, and I mean, if they were honest, they would say the same thing, because for me, it was back to my original statement: I don't like monopolies. And I feel it more important than ever to have local operation, local control, it can have centralization regionally and nationally, but I still feel that that's freedom.

The Blood Research and Development Foundation

LaBerge: Back to the Blood Research Foundation and you beginning that with Diane. Did you begin it and then Diane came in--?

Hemphill: No, she and I did it together really. She was the assistant for the program. She was our only paid staff person. And she was more than that, because we thought things out together. She's creative, and she had great interest and loyalty, and is an intelligent person, so it was a team.

LaBerge: And at that point, what was its purpose?

Hemphill: Primarily when we started, we thought we would be able to be a separate corporation from Irwin. There was a great need for blood bank research to be done, and we would be the educational and fund-raising arm for research in blood banks in California. That's how it was set up.

So that way, we had hoped that blood banks in the California Blood Bank Association would find it of interest, particularly in the Bay Area. If corporate leaders or people in foundations live in Hillsborough or Marin or the East Bay, they have a local blood bank. We could collaboratively consider doing fundraising in all of these areas, and for all of these blood banks, and it would be a unification of procedure and process. That was the way our bylaws were written, and it is that way today. It's a 501(c)(3) nonprofit corporation, and we can still proceed in that manner. It's called Blood Research and Development Foundation.

It could still function if all of the blood banks wanted to do it or wanted to be involved, so the concept is still good and still right. But we went in a different direction in about '85--for the exact year again we'll have to check with Diane--because Irwin, with so many lawsuits and with so much stress and pressure, actually needed funds for its projects that it could not get out of operational money. So the board of directors of the Blood Research Foundation said that we will start this by narrowing our vision to just recruiting funds for Irwin.

We proceeded to have a prospectus and a brochure and worked through foundations and corporations and some individual donations--we raised a million and a half for Irwin, just Diane and myself. I had to do all the contacts. By that, I mean, the approaches and so forth.

In that period of time, we did hire a fund-raising consultant; it's called Kramer and Blum and Associates. They were very helpful keeping us focused and guiding Diane and me. And our board members gave. So that was what we raised.

LaBerge: That's amazing. How long did it take you to raise that amount?

Hemphill: Well, it took a long time, much longer than it should, primarily because Irwin was under such transition and so many problems, that it had to change its directions in what we were fundraising for. We would have been able to do much more, but I felt that since we weren't going to be able to build entire new laboratories and things like that that we wanted to do, and we were getting bogged down, I thought stop, this concept is not what we are saying by the brochure. We must stop where we are until you give us new direction on where we should focus.

To answer your question, why did it take us so long because it was more than five or six years to do this. Primarily it was due to AIDS and the rapidly changing blood bank field. Irwin could not walk with us as easily as they wanted to, "walk with" in quotes, because of their pressure, stress, and having to defend all these lawsuits. And of course, as the story will be told, Irwin was highly successful in defending itself against all judgments, won all of its cases but one, I think, or two. But Dr. Perkins really didn't come in to Irwin, he was in the courtroom day after day after day after day, year after year--and a lot of this had a tremendous effect on the whole blood bank. It couldn't go onward and forward with the goals and objectives that we had set, so we had to stop it in its tracks.

Following the lawsuits--Dr. Perkins retired two years ago--there is a new director. Then within less than a month after he retired, the Food and Drug Administration moved in with all kinds of exaggerative and tremendous revolutionary changes as to the way they wanted things done in the blood bank, which again put on the back burner thoughts of research, thoughts of new programs, new projects; just keeping up with the day-to-day, is about all that could be done. So that's really where we find ourselves right now.

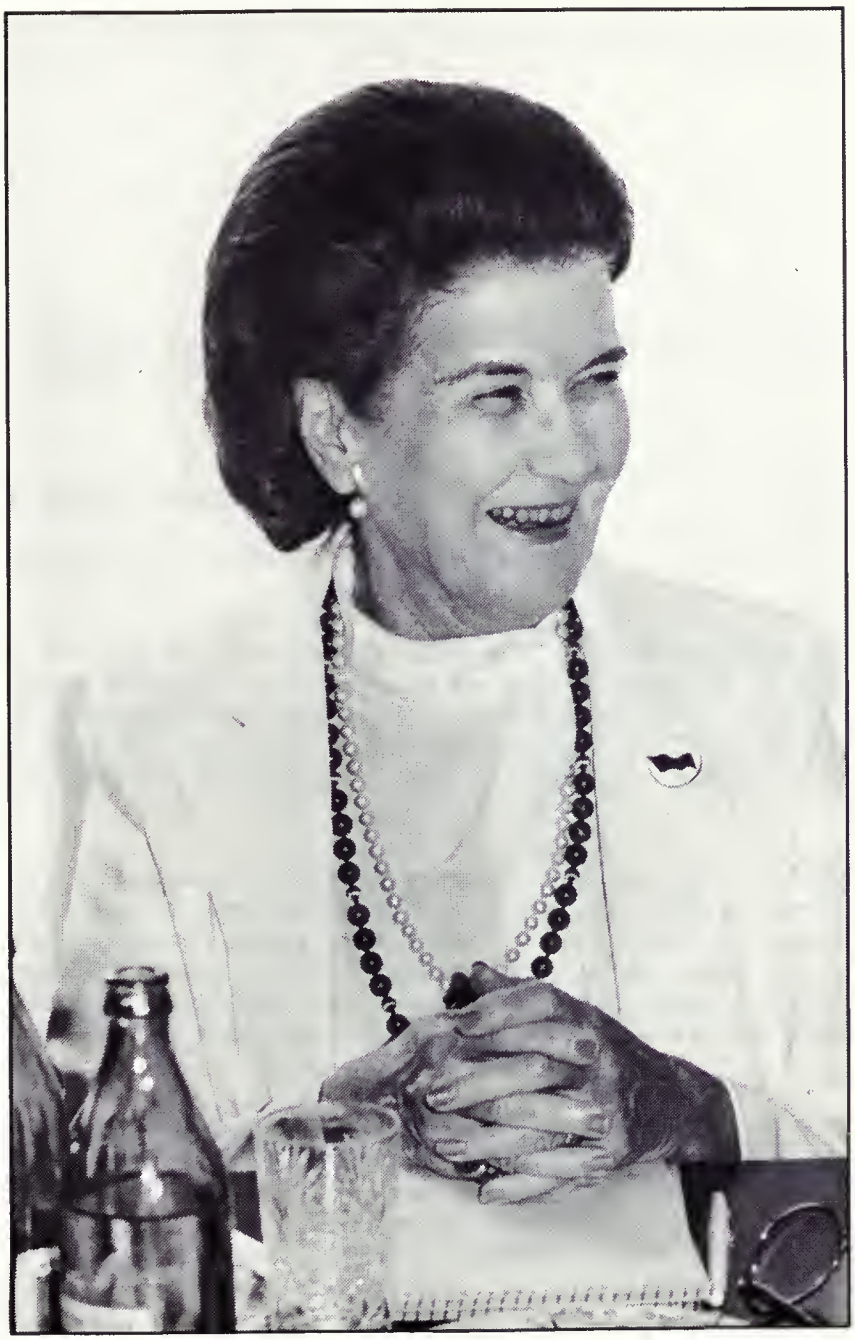
I'd certainly like to end on a more positive note, which we will before this is all over, of what has been accomplished by the money that was given. Also I think we should be appreciated for the fact that we did not go on to seek funds under false pretenses when the institution itself for whom we were fund raising could not accommodate anything as far as new directions. In addition, today, the blood banks in the Bay Area themselves are to each their own. In spite of lots of

discussions, there is not any great movement for sub-melds or unification or collective action. It's still more individual empires than it is a sum total of the parts, which would be good, for more consolidation, unifying of laboratories, donor hours, mobile operations. It's just a whole area wide open to do more consolidation. That I would say, and that's what I believe.

How does one achieve it, with using the economics of it and the common good of it, and the existent human relationships? That trust, give-and-take, acceptance, working harder to compromise.

Bernice Hemphill receiving the Outstanding Administrator Award from Bill Teague, president, American Association of Blood Banks, 1981.

Left to right: Betty Carley, Emiko Shinagawa, Bernice Hemphill. 1982.



Bernice Hemphill, 1984.

VII *CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS V. IRWIN MEMORIAL BLOOD BANK* et *al*, 1977-1979

News Media Informs Irwin about the Suit

[Interview 12: September 6, 1995] ##

LaBerge: What we need to do today is pick up on the Department of Consumer Affairs suit, because we only touched on it when we were discussing another issue. I was reading through some of your speeches and notes, and I thought it would be good if we started at the beginning. What do you think led up to that suit in 1977?

Hemphill: It was the year after I was president of the AABB. I think it was May 30, or June 2. I know I was at the office and it was a holiday when the media came to call. I thought it was nothing abnormal, because on holiday weekends, often there is not much coverage required--or rather, not that much activity in the city, and that they were coming to say, "How is the blood supply?"

A cameraman and a reporter were welcomed in my office, at which point probably within the first two minutes I learned that their purpose was to quiz me about a--apparently someone had alerted the media that on the day after the holiday, the Department of Consumer Affairs, Richard Spohn's office, was going to file complaints against the Irwin Blood Bank, and there would be a press conference in northern California, and I think also in the south.

Of course, I was absolutely stunned, and I said, "Well, for what reasons?" They said that would all come out, but they just wanted to know and asked me some personal questions about the blood bank's activities, its scope, its service, its finances, and all questions that were obviously--they knew more

than I did, because I had not been served with the complaint or with the lawsuit.

They stayed and photographed me and so forth, and then that was a holiday. I'm not certain, but I think it was the next day or in the evening news that they said a suit was filed by the Department of Consumer Affairs against Irwin Blood Bank, for the fact that we were wealthy [laughs], or a very affluent blood bank, and in terms which they used, the take-off was they said that we were "greedy, seedy, illegal, and immoral." The blood bank was.

The blood bank was to be sued, Irwin Memorial Blood Bank, and the American Association of Blood Banks. And I personally was being sued. I had just finished my term as president and was also volunteer chairman of their National Clearinghouse Exchange Program, in which we were trying to get the Red Cross to participate, along with all the other blood banks, in the borrowing and lending of blood to each other and conserving supply.

There are volumes on this. I haven't looked back on it for so long that I would like to do that for our next session, to bring you documentation that will be very pertinent, and I in turn can relate accurately for the record.

LaBerge: Okay.

Hemphill: It was Channel 4 and a zealot reporter that apparently was more alerted than the other stations, although the other stations carried it. It was scandalous that this blood center was affluent, and that implied, of course, that we were taking advantage of the public. Nothing about the fact that the blood wasn't safe or anything, but rather all the socioeconomic aspects of it.

The holiday was Monday, and I think it was Wednesday--these dates are a little vague. I should remember.

LaBerge: Oh, you don't need to, we can look that up.

Hemphill: But anyhow, the Department of Consumer Affairs, Spohn, held the press conference. Then the reporters came dashing out to the blood bank about eleven o'clock. Then I was quizzed--it was much the same as if there was a press conference, with these accusations that they were reading from the official document that was filed. How much money did I make? I said, "Well, I don't know that this is relevant. I have not even been served with any papers. So how can I reply to the questions or to what we're being accused of without at least having the

courtesy of seeing the suit itself? But I assure you that after I've read it, I will answer any and all questions, and you, each of you, are entitled to see any of our records."

So then it was just after, at that point, one of the reporters dropped the suit on the table.

LaBerge: So he was the person serving you?

Hemphill: No, he just had a copy. This was part of the press release and the accusations. I obviously couldn't take time to read it, with the room full with reporters and microphones and all this action, camera--lights--action. But I said, "I'll let you know."

I then immediately called the board of directors to say what had happened, and asked for an emergency meeting with the board, and that I would duplicate what I had, and then make some decisions. Anyhow, we did call the board meeting in the afternoon, and I apprised them of what this suit was all about and what they were accusing us of. I said, "One of the reporters during the interview said I made more money than [then-Governor] Jerry Brown." I said to the reporter at that time, "I don't know what Jerry Brown makes. But after I've read this suit, I'll be glad to tell you what I make, after thirty years of being in this field."

I asked the board for their recommendations on what our press release should be. The sum total of the release was obviously denying everything that we were being accused of. We also had our legal counsel present.

LaBerge: Was that David Willett?

Hemphill: Yes. He lived through the whole thing. They were aghast at the audacity of the Department of Consumer Affairs. Of course, we were so naive at that point, you could suspect that it was planted by the Red Cross.

Origins of the Suit

LaBerge: That's what I'd like to talk about, where it all came from? Where did the Department of Consumer Affairs just--how did they decide?

Hemphill: They were informed by Donald Avoy--he was the medical director of the Red Cross blood program in San Jose, and recognized that

we were of an entirely different philosophy than the Red Cross, meaning that we believed in the credit system and blood at less cost, if one replaced or had predeposited blood credit at the bank. The Red Cross system was just X dollars for a unit of blood, whether you gave blood or not, without less cost or a discount is another way to say it.

So this was all suspicion at this point. And to the best of their ability, the Consumer Affairs did protect Dr. Avoy. We subsequently found that Dr. Avoy and Richard Spohn and other people in the administration of Governor Brown all were of a philosophy, I guess, about life and society that was totally the opposite in the sense of--what I can say? They were a "grupa" that we were informed had, quote--"attended a kind of meditation group"--and that Dr. Avoy and Richard Spohn and others were in this network. And that because Irwin was successful, it was actually, quote, "the original mother blood bank." All the rest of the blood banks in California, other than--we only had two Red Cross--and we had twelve nonprofit regional community blood banks, that we had more volume, and we were working together cooperatively, and that if you can get the "motherhouse" [laughs], quote, and bring about embarrassment about riches that this certainly would be demeaning to the institution.

So as I said, our press release was a total denial of any of the findings, and I told them at that point what my salary was.

LaBerge: For the record, do you remember what it was?

Hemphill: Yes, I think it was $80,000. I ought to check it, because when I left, it was $85,000, and this was several years before. So it was $75,000 or $80,000 a year.

LaBerge: And as you said, that was after thirty years.

Hemphill: If you take '41 to '75, it was thirty-four years. And both the technical and administrative and management experience, plus helping to found all the other blood banks in California, being treasurer of the American Association of Blood Banks for over twenty-five years, in addition to having established a National Clearinghouse program, now called Blood Exchange, and getting all hospitals and nonprofit blood banks in the area, in the United States to come into this system. There were two systems now, I mean, there's no doubt about it. We were doing well. So that's why the suit, or whatever embarrassment could be caused, was planted, as far as I'm concerned.

We didn't even know there was a Department of Consumer Affairs, talking about not being knowledgeable about the state. All we knew was the Department of Health, which licensed blood banks, but this other entity was a total unknown to us.

So then there was this publicity in the [San Francisco] *Chronicle*, front page, that I was being sued, and the blood bank and the American Association of Blood Banks.

LaBerge: How much do you think it had to do with you having been president of the American Association of Blood Banks?

Hemphill: Oh, everything had to do with it. The only reason the American Association of Blood Banks would be named at all was because I had that affiliation, really. And because of the blood exchange program. I told you the Red Cross entered the program, and they were trying to get out of it, because they were always in debt to our blood banks. Therefore, anything that could cause a disruption or bring about a question of credibility was just what they wanted.

The Red Cross was in San Jose, but then it goes beyond San Jose, because the Red Cross at that time had over fifty blood centers. So really, even if initially the national headquarters did not know about it, it then became very apparent. So much of our documentation and correspondence and files that I will show you will depict very clearly the correspondence between the [President of the American National Red Cross] Mr. George Elsey and myself, and attorneys.

LaBerge: Another name I have is Dr. Garrott Allen.

Hemphill: Yes.

LaBerge: Was he from Stanford?

Hemphill: He was from Stanford. He was also very pro-Red Cross. Not just Red Cross, but his philosophy was totally against the idea that there would be anything but one system, and that would be the Red Cross system. So he was a great ally. He had done some very good work in earlier years with plasma therapy, but it's my personal opinion, and it's supported by many other colleagues, that Dr. Allen just became frenetic and totally obsessed with helping and doing anything he could, because--and I must admit that Dr. Allen and I did not have any philosophical compatibility, and never--I want to make this clear--I never was antagonistic to him and I was devastated at what was being done, the "foul play," if you will. The mesmerizing these people were attempting to do, the media, the communication, to discredit this institution [Irwin], not only

that, its founders and all of its supporters, for its own personal gains.

There's no doubt about it, because, as you'll see in the final action taken and the settlement, after seventeen or eighteen months of this, the state was very anxious to settle. When you see what the settlement states, it's so innocuous, besides which, not only did the Department of Consumer Affairs end the "enemy dissidence," but had us investigated by the Federal Trade Commission and the Antitrust Division, and all these people came from Washington, just an avalanche of investigators.

Irwin's Response

Hemphill: With all of this, there is so much trauma, there is so much emotion, work, detail, writing, never off the phone, being defensive about all of these accusations, which were unfounded. It was really a result, as I see it, of pure competition and jealousy and enmity, that's what I feel. And personal. It was an incredible time frame for us.

We were certainly not skilled in the law, or in ever having to be in a position like this, standing up for everything we believed in. When you have to do this from a defensive point of view it is never anything but a very disheartening experience, knowing that we were not doing any of the things that we were being charged with. And it was the truth that the public supported us in spite of all of this action going on.

During this whole period of time, it was nothing for us to work sixteen, eighteen hours a day, into the night, into eleven, twelve at night, go home. Emi and another person, Jan Nelson, our communications person, were so involved. We did not hire any consultants to "save us." We fought "the good fight" for what we believed was our past and our future.

I think, Germaine, that the documents[1] that I will provide will be very indicative of the fact that there was not much substance. Of course, that's my opinion, but there was not much substance, but a big hurrah to just embarrass and

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[1]A copy of the original suit, 1976, and the settlement, 1979, are deposited in the UCSF Archives.

demean the institution, and myself, and the American Association of Blood Banks.

The attorney of the AABB at that time was also Irwin's attorney.

LaBerge: David Willett?

Hemphill: Yes. And I had to keep the American Association of Blood Bank's board of directors, the California Blood Bank Association board of directors, everybody, apprised of everything that we were receiving and being charged with and being investigated, and they would see all of our replies and responses and so forth.

Immediately after the lawsuit was filed, and with all of the media, continual, just like any would-be exposé, blood donations dropped off. Obviously our volume of blood was hard to keep up, in the sense that there was limited trust. We had to communicate with all of our donor clubs. At that time we had 400 or 500. All of our volunteers, everything we could possibly do. As is very evident today what it's like with the media, your story is on the back page if you get some coverage at all, everything that we would be writing or saying was not news. The news was, the suit was filed, and we were presumed guilty until proven otherwise. But we were determined to go to the end, to court, to do anything to prove that this was trumped up and that the Irwin Memorial Blood Bank had great integrity, credibility, and performed the same services as it had from the beginning, and in the most economical way.

Philosophy of the Credit System

Hemphill: So it really was meant to discredit this credit system, have one price, whether you're a donor or not a donor. If you become a patient, you will pay the same price as anyone else. If you've given, same price. If you've never given, same price. Our term "bank," was a term used, because people made deposits, withdrawals, and no matter if you could not find donors, if the Masonic Lodge would adopt you or any of the corporations, no one had to pay the top, as we would say, full price. We would help you get blood donors. The whole purpose of the deposit fee was to encourage people to be blood donors, and not just expect that the community was going to take care of you, which is in today's health field, "Let Joe do it. Let somebody else do it." Our whole point was that we wanted the family and the friends and relatives of patients to help us get

blood donors. I can't emphasize enough that that system worked, and it worked for over forty-five years.

As I speak today, many of the blood banks went off the system, but all I can tell you is the price is more than double. Probably triple at this point. And whether you're a donor or not, in most blood banks today, it's one price, because health insurance pays it. So blood banks have to struggle much harder. What incentives do they give today? T-shirts, raffle prizes, ice cream, coupons? I mean, what are we talking about? It's taking away individual responsibility and making it community responsibility. My proof of that is it's fifty years, and we still only have 5 percent of the people giving, and 99 percent taking. I still believe in the individual and community responsibility, because it becomes community responsibility--

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LaBerge: It becomes community responsibility--

Hemphill: Corporations, lodges, fraternal organizations, churches, and so forth, encourage their employees and their members to donate blood so it will be available when people need it. And that system still goes on today. The only difference is that the corporation is allowing people time off, allowing our mobile units to come in, and they are helping the community. They're paying for it, or the stockholder is paying for all this. But the individual patient is not asked to do anything. I don't mean the patient could perhaps physically, but they do have family. They do have friends. They do have relatives. The pressure is really placed on only a part of the community, and not at all where it belongs. And if this system, promulgated by Red Cross, were so successful, we certainly would have no blood shortages.

LaBerge: Which we do.

Hemphill: And, the price of blood would be less. When I say price, I mean the cost of recruiting, collecting, processing, and distributing of blood would be less. And for the patients there would be more incentive, just as there is incentive for a savings account. There is an incentive for an annuity, there's incentive for taking care of your retirement. But that has been mostly obliterated in the country. The easy way: just charge one price, and insurance will pay it. I think we all know that insurance companies are getting more and more perceptive and doing more and more elimination of health care charges.

The American Blood Commission

LaBerge: At this time in the country, it was right after--I think--the American Blood Commission was formed? What did that background have to do with this?

Hemphill: The American Blood Commission was composed of a representative from the American Hospital Association, American Medical Association, American Association of Clinical Pathologists, the retired persons, labor unions, and other mixed groups. I was one of the representatives for the American Association of Blood Banks at the commission. It was very difficult to get these groups to want to take sides, but there's no doubt that the partiality was with the idea of community. The people out there will take care of the blood supply. [motioning] And the fact that they did not, they would try to accomplish it with those that were of the same philosophy.

We were there with our defense, as well as showing that the government would be paying more, that the higher the prices, the more health insurance will cost, and the less will be the incentive to give blood. So being at the table was traumatic as well, harassment, or frustration, just unlimited. But never giving up.

LaBerge: Tell me some of the changes at Irwin besides lower blood donations. What did you have to do as far as hiring extra people to help?

Hemphill: What we really did was a lot of communication with our staff. Meetings for everybody, everybody that worked in the blood bank was made aware of what we were upholding, what we were standing for. And they too had to be our network to communicate with blood donors and the outside--recruiters had to tell our side of the story, which was, "Fine, we can go on that other system, but then we'll just have to charge more." And also that we can assure you, and we'd have a position paper, this is our side of the story. We had a lot of position papers. Our newsletters would identify what was happening and what we were doing. We told everybody that it wasn't just a local matter any more, it had become a national matter.

I guess perhaps the best thing I can say is that throughout all of these attempts, like the Joint Blood Council--

LaBerge: Which was national?

Hemphill: Do you remember, in prior interviews, going way back to the Joint Blood Council, which was a group formed to keep the Red Cross and the non-Red Cross blood banks working cooperatively, failed? The American Blood Commission failed.

The American Red Cross

Hemphill: And today's world is pretty much to each his own, except at more and more Red Cross blood centers, they've had so many of their own problems relative to blood safety and their economies and costs of operation, that they're today in no position to attack any other blood bank. They have enough troubles of their own.

Several of their centers have been cited by the Food and Drug Administration for not following standards, and their blood has been recalled. And they're having financial problems. Time shows that there is more than one way to do something, is how I look at the bottom line in this. We're talking more than fifty years. In that time frame, we have a multi-faceted system with the individual nonprofit community blood banks functioning, and the Red Cross as a system functioning, but there have been a few mergers, very few, in comparison. But you find most of the nonprofit community blood banks like Irwin still functioning independently. There is not one system, which was really fundamentally the aim and goal of the lawsuit, to hamper and shall we say close down, if possible, the original blood center, and that was their thought. If we were thwarted, then onward and forward until we have one system for the country.

LaBerge: I can't understand where the Red Cross and this other thinking came from, because the American Association of Blood Banks, for instance, had standards even greater than the national standards.

Hemphill: The inspection and accreditation of their own blood centers--

LaBerge: Yes, were more stringent.

Hemphill: More stringent. The quality control measures, the training of technologists, everything that the American Association of Blood Banks has done has set the pace for the country. And then of course, Red Cross copies. But it's just like a big business. Today, certainly disaster, and maybe swimming lessons and a few other things, but on the whole, the Red Cross centered most of their attention, has had to, on a day by day

basis on running their blood system. They employ many nurses, technicians, doctors. It's a bureaucracy. When you look at the composition of the board of governors of Red Cross, which is composed of cabinet members of the Clinton administration, or whoever is president of the United States, the board of governors of Red Cross embodies these cabinet members. They're also very affluent, corporate leaders.

LaBerge: And does their funding come from the government?

Hemphill: Their funding for blood banking comes from health insurance and also contracts from the government. Then I don't know today how much--well, I guess they must be being reimbursed for disaster relief, support from the government.

LaBerge: And a lot of individual contributions.

Hemphill: Of course, yes. They depend on the public, there's no doubt. And for government support.

So because of that alliance, being quasi-governmental and chartered by the United States Congress, let's face it, they had all the advantages of being big, looking big, and mighty and powerful, which they were. And we were just individuals. Everything I ever did for the American Association of Blood Banks or the California Blood Bank System, any program, any activity, running the clearinghouse program, everything, there was never a penny of salary or remuneration. I'll put my record up against any of them, in the sense of having undertaken to sue me. Obviously they must have felt I was a threat. After I retired, they've had ample opportunity to take over the country, and they haven't done it yet.

I know it to be true, that if we had not stood up to them, fought the good fight, because we were honest people and doing a good service and job, that there probably would have been one system. Certainly the country is better off, in my personal opinion, because I do not believe in monopolies and big bureaucracies. Is this coming through?

LaBerge: Oh, this is coming through wonderfully, and the more I go through the other interviews, too, it's coming through very well.

Hemphill: But I do want to get you the official documents.

LaBerge: I have a lot of your speeches that cover coming up to this, then defending Irwin in it afterwards. It's all speeches.

Hemphill: It would be better than what I'm saying.

LaBerge: Oh, no, what you're saying is wonderful. Once before you told me that you're willing to donate your documents.

Hemphill: They're all--

LaBerge: --are they at Irwin, and Irwin will keep some?

Hemphill: I don't think Irwin cares.

Personal Stamina During Hard Times

LaBerge: Okay. Well, tell me some of the specifics of what you did, like for instance, the fact that you personally were sued. Did you have to get your own attorney?

Hemphill: No. I did not. I think in today's world, I would have. But inasmuch as I had worked for Irwin, and therefore we had a legal counsel. The American Association of Blood Banks had a legal counsel. My only paying position was with Irwin, there wasn't a need for me, because they were not saying I was greedy, seedy, illegal, or immoral, it was the institution. I was just named as the blood bank personality. I mean, that was probably the reason.

LaBerge: How many of your staff, for instance, needed to testify?

Hemphill: See, we didn't go to court. It was settled. But the depositions were taken, of course, mine, and I can't remember whether Dr. Perkins's was or not, and I think a couple of people that did donor recruitment. I'd have to check that. Sorry, thinking in the first person, but I really don't know where I got the inner strength, except to know that we were okay, that we had nothing to hide, that this was a malicious, vicious action by people for whom I had no respect. I guess I was just determined that we would not settle or admit to any wrongdoing. Because we had done nothing wrong. [telephone interruption]

LaBerge: You mentioned Jan Nelson.

Hemphill: Janet Nelson. She lives in Tokyo now, and she did our public information. We were always working, as I said, day and night on that.

Oh, going back to the courage, stamina, there are two things that I remember so vividly. When this publicity kept persisting, every now and again the hype subsided after the first months, but yet the suit had to take its normal course,

if you figure on the Federal Trade Commission and the Antitrust Division and depositions, and how slow the legal process works. The hours, Saturdays, Sundays, I never knew one day from another, because we had to still keep trying and communicating and talking with people to keep giving blood. We still had to borrow blood from other blood banks, which was the system I originally started, but then we'd have to pay it back in blood or otherwise, which I always wanted to do, and to try each day to do work on this, putting out position papers and so forth.

My mother had not really worked in her lifetime. She said to me one day, I'll never forget, a Saturday afternoon. I came by to see her and she said, "This is so--I don't understand it. You haven't done anything wrong, have you?" Quote. And I just had tears--it was so traumatic. I can only really remember crying in my whole life twice. That one time, and the other time. I just poured out the tears. It just struck me. It wasn't she was doubting me, but she couldn't understand why does it have to go on so long, why do you have to go through these experiences? Why isn't it just simply that the truth is the truth? And remember, this was in the seventies, and if you think of the nineties, what happens today in the legal process, and the way people are castigated and demeaned and charged with accusations without ever possibly having any opportunity for defense, that--.

But this is the beginning, if you think about it, of--I'm sure there was a certain sophistication and subtlety. There's always been competition between companies, there's always been lawsuits and a lot of other things. But it was never as flagrant against a nonprofit organization, I can tell you that, that I was ever aware of, as it was at this time.

The other time that I broke down was when the state decided, I guess, they weren't going to settle. Or they were going to set the date for the trial, or whatever else. So Dave Willett came out, because I had said, "I will <u>not</u>, I will <u>not</u> testify and sit in that courtroom." All these things that I said I wouldn't do. He came around and he brought a very intelligent, very bright, very attractive young woman lawyer. This was when we were starting to see women lawyers, really.

LaBerge: Do you remember her name?

Hemphill: Pat was her name--and then she married one of the other attorneys and left. But he brought her because it was zero hour, and the trial date was set, and said that I was going to have to be there. There was no way out. I just said, "You haven't done your best by me!" [laughing] And he came prepared.

LaBerge: That's why he brought her?

Hemphill: It was such anger, to think I'd have to belittle myself into being in the same room with someone who had been so cruel.

LaBerge: How did he then get you out of that?

Hemphill: They were just bluffing.

LaBerge: It was part of the negotiation?

Hemphill: Yes, bluff.

LaBerge: Who did you deal with from the state? Did you deal with Richard Spohn, or did you deal with their lawyers?

Hemphill: No. Well, mostly our lawyers were communicating back and forth. But if there were certain letters or things that I had to sign, because it related to what they were accusing us of, then I'd have to sign those, not the attorney.

LaBerge: But you didn't actually meet with their attorney?

Hemphill: No. Spohn's parents were friends of close friends of mine. Whippersnapper, as I was thinking of him. They were of the age of the young White House--what do they call them, Young Turks or something? They had power, and they were using it, and they were playing games.

LaBerge: Did you ever meet with Jerry Brown?

Hemphill: No. I saw Richard Spohn, I think it was right after the settlement, I was at an event, and someone said, "There he is. Why don't you go up and speak to him?" I can't remember whether Jerry Brown was there or whether I did or not. I'm trying to remember, but I think I declined.

Keeping Irwin Running

LaBerge: Once when I talked to Emi, she mentioned how topsy-turvy it made Irwin.

Hemphill: We were trying to keep the blood donor base up. We were trying not to, but we were having to borrow more blood, which was costly. We didn't want to let staff go. We didn't do any downsizing as a result of it. When the nurses weren't busy, we tried to get them to do something in the lab, and if the lab

wasn't busy, do something upstairs or paperwork--we put everybody to work that we could, in order to not have people lose their jobs. Yet we did not go out and hire any firms to defend us.

We had one man that was a CPA, Chris Burns, analyze the fiscal materials that we were seeking about Red Cross, for discovery. They were shadow boxing the whole time, finding ways not to provide us with data and information, so we had this one man work part-time doing that. Then there was a man that came in for a short period, like two or three months, who helped Jan in putting out some releases. But other than that, we felt that we had to stay afloat without spending any money, because our usage was dropping, and we didn't want to cut staff. We were struggling, is the best way I could put it.

LaBerge: Did you have people helping you in Sacramento with legislators, either talking to them or--

Hemphill: Yes, we were talking to the Assembly Health Committee, and then also Senator [Milton] Marks: I don't think [now Senator] Quentin Kopp was in that, but we talked with Senator Marks. But it was, remember, a very Democratic assembly. Now, we told [Speaker] Willie Brown and I think [Senator] Art Agnos was there at that time, I'm not sure, but we kept them apprised of the fact that we were honorable and this was a mistake and a bad thing to have done.

Supporters

LaBerge: Were they helpful to you?

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Hemphill: They were understanding, some. Senator Marks was very understanding and sympathetic, but there really wasn't very much that could be done, since it was in the courts. Perhaps they may have had conversations with Consumer Affairs or Governor Brown that, "This is ridiculous, and drop all this." I have no way of knowing. All I know is that we had to work and struggle and bear up and keep going and moving on our own.

Other blood banks and their representatives were very sympathetic, but it wasn't their problem. You really find out

who your supporters are and where you stand alone and walk alone.

LaBerge: I think that I read that the California Medical Association was very supportive.

Hemphill: Yes, and the San Francisco Medical Society, at that point was the parent, and we kept them apprised. They believed that all would be well, but it didn't produce any work or hardship or problem for any of them. It was just to keep them informed. But there really was not a day during that whole period of time that we were free of any type of work that would be irrespective of the lawsuit.

LaBerge: How did your husband react to this?

Hemphill: Very consoling, very supportive, with ideas. Of course, he would be telling all his colleagues about the horrors of this action. The hours--we didn't do any vacations, we just didn't do anything. But I would say never complaining--there wasn't a moment that I couldn't expect great sympathy, understanding, support. He'd eat alone, and we'd just have a sandwich or--but we didn't have food sent in all the time at the blood bank, sometimes we would just take coffee and cookies at the donors aid, or fruit juice, and we just worked--well, we were on deadlines, you know.

If we weren't on deadlines, we were then trying to do prospectuses that would show how we could still get blood, how we'd make our quotas, when we would be under quota, where we could--who would help us, who would be a supplementary supplier to us, and would they be able to get some extra blood from their sources to help us. We had a few friends during that long period, a few blood banks that were cooperative, that were more cooperative than others, you know.

LaBerge: Which ones were those?

Hemphill: We had the ones in California, and the Spokane-Inland Empire Blood Bank was very helpful, the blood banks in New Jersey, and Texas, Florida. That would be the free-standing nonprofit [blood banks]. And the California banks. But you know, they had their own problems too, so they'd do what they could.

LaBerge: During this time, did you keep up all of your education efforts, like the technology program?

Hemphill: Yes.

LaBerge: And the research, Dr. Perkins kept up with the research?

Hemphill: Yes. Everything. We just tried to go on as usual. Actually, the whole burden of the suit really fell upon the administrative office, and the public information office. That was Emi, Margaret Harrell, Arlene Kane, Janet Nelson. Of course, the nurses and the technologists were loyal. All our staff were very loyal. And were doing a good job.

Before you leave, I must mention something to you, because we had a gathering the other night of these same people.

LaBerge: Okay. [tape interruption] You were saying the people who took the brunt were Margaret Harrell, Arlene, Emi--

Hemphill: Arlene Kane, Emi Shinagawa, and Janet Nelson. They were women that had key administrative and management positions, and at a reunion we had recently, we were reflecting on "little women," and we beat the boys. [laughter] Meaning Richard Spohn, his gang. The little boys.

LaBerge: We should address that in another time, about women.

Hemphill: Okay.

Background: Red Cross Cancels Clearinghouse Agreement, 1976

[Interview 13: September 14, 1995] ##

Hemphill: As far as contributions to the development of blood banking, I have to give Dr. Perkins more credit than they have given him, because of his scientific know-how and his technological know-how, and I want to make him look good. We had other men in the institution, but it was mostly a woman-dominated organization for all those years.

The AABB was sued. We really were trying to be defensive for three entities, namely, the Irwin Memorial Blood Bank, the American Association of Blood Banks, and me personally. Though we covered that in a way, maybe it's a way to introduce it more clearly than I have done. These documents are very key to showing what really took place. What was behind it all.

It's not just innuendo. A person reading the oral history will see with what and how we were charged, what our defense had to be, and what the settlement was. I feel that I did not make it that clear, that this was what I needed also to remind myself. [showing documents]

LaBerge: To refresh your memory, sort of.

Hemphill: Yes. So I'm giving you these, but I felt that there are certain things that I needed to highlight. [tape interruption] As you recall, I said I'd have to check on the years. The Red Cross's canceling of its national agreement with us [the AABB National Clearinghouse] preceded the lawsuit, and therefore you will see what we were going through. It also tells in a way why we got sued.

LaBerge: Right. And can I just read into the transcript the name of this?

Hemphill: Yes.

LaBerge: This is *Blood: A Personal Resource. A Position Paper*, published by the American Association of Blood Banks, September 20, 1976. At this time, you were president of the American Association of Blood Banks.

Hemphill: Yes, I was president 1975 to about November of '76, and the lawsuit was officially filed by the Department of Consumer Affairs on June 1, 1977. So it was about six months afterwards. They were doing their homework in this period of time. I was right on the fact that it was Memorial Day weekend, and I was working, and you see the lawsuit was filed on June 1. [telephone interruption]

This booklet was compiled, done by all of us, to put into clear focus, to be given to donors, to everybody in the community, to other blood banks, on what's going on, just as we saw it. It also has a summation of the position of the American Association of Blood Banks, a nonprofit professional organization, and that its role is devoted exclusively to blood banking and blood transfusion service, and a number of hospitals, community blood banks, and physicians that are associated with it, and what it has done as an organization to raise blood bank standards and the quality of blood service practiced in the United States.

There is a preface which I would like to have in some way interspersed.

LaBerge: Right, you can read it into the transcript, or we can have it just typed into the transcript.

Hemphill: [reading]

> Blood for transfusion is human living tissue, and its provision for transfusion is an integral part of the rendition of

medical services to individuals. As such, the medical profession is acutely aware of the need to motivate and recruit sufficient voluntary blood donors to keep pace with the increasing demand for blood.

Just as human blood is made up of a variety of components, so the American blood banking system is diversified. For 30 years various blood banking organizations have operated amid a policy of cooperative co-existence. Some blood banks believe that blood supply is a charitable trust and that individuals should give blood only in the name of the community; others believe that it is a personal responsibility and that individuals have the right to give blood and credit their donations for their own future use or for specific patients receiving blood transfusions. Some believe that blood should be dispensed with only a financial obligation; others believe that the recipient of blood should be responsible for finding replacement donors. The strength of such diversity is that it provides for a pluralistic approach to donor recruitment, and allows blood banks to be responsive to the needs of their particular communities.

Today that diversity is threatened by an action of the American National Red Cross. After 16 years of contractual cooperation with the American Association of Blood Banks, the Red Cross has decided to terminate a national agreement that has permitted the nation's two main blood banking organizations to work together. AABB would like to continue its policy of cooperative co-existence with Red Cross. The action of the National Red Cross, however, threatens to undermine the donor recruitment programs of the AABB member blood banks which promote a system of individual and group blood credits. By eliminating the personal pre-deposit and replacement incentives which motivate individuals to give blood, the Red Cross' action will increase blood costs and also

> may jeopardize the supply of safe blood in the United States.
>
> Because of the effect this will have on the American heath care "consumer," we have prepared this booklet to tell our story.
>
> Mrs. Bernice M. Hemphill
> *President*
> American Association of Blood Banks[1]

Then there is also a table of contents, and it's our response to the Red Cross's cancellation of a national agreement that was so much in the public interest. It depicts the Red Cross position and the American Association of Blood Bank's response to their actions. We have some questions of our own. The differences of operation or philosophy between Red Cross and the AABB member banks, the economics of the nonreplacement fee by a proponent of the fee, and some of the random thoughts by a physician who was president of the American Society of Clinical Pathologists as to his thoughts on the subject of the credit system for blood.

Unless you think otherwise, you may want the opportunity to read this, and maybe have questions as a result of it. But then you want to ask me for more detail or things you don't understand.

LaBerge: Do you want to just say in your own words what prompted the Red Cross to do this at this point in time?

Hemphill: I think I referred to it earlier: because of the fact that we had the credit system. The public was aware of it, and they maybe lived in areas where there was a Red Cross blood bank only, and the people for whom they were giving blood were in an area operated by blood banks that were on the credit system, therefore, the convenience was for them to give replacement blood at the Red Cross. And, after all, the Red Cross was a big, single system at that time. It was an ownership system, owned by Red Cross, and they were entitled to their philosophy.

But when we had to interrelate for the public good, then they were happy to take the blood donor. To the public, we were just blood banks. But then when it came time to settle their accounts, because of their network of a large system, they

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[1]From *Blood: A Personal Resource*. A Position Paper published by the American Association of Blood Banks. September 20, 1976. Deposited with other papers at UCSF.

always owed the American Association of Blood Bank's members. That went on for several years, that they were always in debt; that meant they were supposed to pay monthly with the shipment of blood to those banks that our clearinghouse program told them to whom they were indebted. Then in turn, the blood banks receiving this blood would reimburse them in cash for their cost of collecting and processing. The clearinghouse would send them a check at the end of every month based on the blood that they had shipped.

And because they would have trouble meeting their obligation, it was easy for them to collect the blood, and then by their system they owed no one anything. I mean, it was just an idea of community responsibility, and all their centers operated on that system. But in the meantime, those of us that operated on the predeposit or replacement system were sending out our brochures and our messages to donors and patients in the community so that they knew there was a reciprocal agreement. If it was more convenient to give at a Red Cross center, because a relative may be many, many miles away, that's the reason they were getting these donors of ours, and therefore, they owed us. It was just that simple, like money in the bank. [telephone interruption]

To end that: they were in a defensive position. Having to meet their monthly blood shipments, their obligation was burdensome in some instances, and therefore, their shipping centers would have to do it. Then they decided that since their philosophy was different, they would proceed and do some other things, besides cancelling the agreement. They would be very vocal about it and imply that our system was more expensive than theirs, which in truth it was not. If you replace blood, or if you had blood already on deposit because you worked for a corporation or belonged to a lodge, there was already credit in the bank by these organizations.

So to get a blood replacement for a friend or relative, one did not actually have to give the blood. If the company or the lodge had a blood plan, because you were a part of the membership, you automatically just spoke to the chairman of the fund, and then in turn the credit was released and blood was replaced. It worked just like banking: predeposits, withdrawals, credits. So that was their problem.

LaBerge: Right, and it's a precursor to the suit that we can see.

Hemphill: Yes, as you will see.

National Philosophy on Nonreplacement Fee

LaBerge: Did it have anything to do with what was going on, say, nationally? Is this when the American Blood Commission was beginning, or were there any other simultaneous things happening?

Hemphill: Yes. We had the Joint Blood Council. There were efforts made by government officials and some of these organizations that were on the original Joint Blood Council to try to ameliorate the differences. And in a way, that will be referred to in the publication.

But then subsequent to that, we saw more and more of the American Blood Commission. Since the Joint Blood Council didn't work and was dissolved, this was another attempt to bring together organizations considered representative of a national community, which was the AMA, the American Hospital Association, American Society of Clinical Pathologists, the College of Pathologists, the [American Association of] Retired Persons, insurance companies, labor unions, and each would have one or two representatives on this American Blood Commission, all to bring about some type of unity.

LaBerge: And the AABB was supportive of the American Blood Commission, or a part of it anyway?

Hemphill: Yes, we were a part of it, and I was there representing it up until about 1984, put a question mark on that year--and then there were other representatives from the AABB. We had usually two or three. And the Red Cross would have an equal number. We would dialogue and also have reports--mostly philosophical differences always.

In that era, the United States government wasn't really concerned about money. At least to all appearances, they wanted to do more and more and more, Medicare, Medicaid, the great giveaways. I think you read my testimony before Congress at one point in time.

LaBerge: Yes.

Hemphill: So they were willing to give away--to pay for everything. In other words, if our fee was fifty dollars, they'd pay it. If the Red Cross's fee was thirty, they'd pay it. Nobody bothered to look at the difference. But our whole reason for this was, we do not want the government to pay any more than the cost of our collection, processing, and distribution of blood, namely, the thirty dollars. But if the government is going to pay for

everything, then obviously we're going to have money, but we're not going to have enough blood.

It was on that basis that I prepared testimony which was approved by the AABB board, and we went before Congress especially as it relates to Medicare--I think I'm being repetitious on this. We found that persons over sixty-five using blood--and especially heavy users--had an average use of about 3.9 units. Open heart surgery was getting into play, we had the hemophiliacs, we had leukemia patients. With all of these diagnoses, these people over sixty-five on Medicare or on Medi-Cal would be using larger amounts of blood, so we said to Congress, "We don't want you to do this." To me, with that presentation, to have been able to achieve it with Congress against the Red Cross, who at that time were saying, "No, blood is a community responsibility," was important. The Red Cross would have been happy to let the Congress go on paying whatever the blood bank charged, because their philosophy was not to have any individual responsibility; they would only be able to give what they had available, but they could not cover the country with that system and in turn put out of operation all the rest of us who were on the credit system. Had they been able to achieve it then obviously we would have dwindled.

But to come back to this saying to Congress, "Please, if you want to pay the processing fee, that's just like insurance. That's fine. But do not pay us the nonreplacement fee. Let the public, the people getting transfusions, be responsible for this, to get their sons, their daughters, their business firms, to help us get more blood into the bank, so we would only keep blood at less cost for only the processing fee."

LaBerge: That was eloquent.

Importance of Individual Responsibility

Hemphill: It's on this basis--this is now pre-suit--that we approached this issue. When you read this copy of both the suit that was filed and our responses in other areas, you will see we were charged with being greedy, rich, and not operating in the public interest. Where the reverse was true.

And to add a note at this time, we were talking about the seventies and we are now in the nineties, and blood banks do not always have enough blood of the right type, at the right time and at the right place. So has community responsibility really been an answer? Blood banks have turned more to be

"wholesalers," issuing blood, trying to get more and more people to give, but ignoring the patient, who after all is benefitting from the transfusion. If you relate it to other government welfare programs, let somebody else pay for it while you give it away, whether it is money, food stamps, or whatever else.

No one should ever be denied blood under any circumstances, when there is a need. But by the same token, the recipients should not be free of having some responsibility to try and help getting blood back into the bank. That tenet is as important today as fifty years ago. The costs of blood today, the processing fees, have more than doubled, and yet the blood supply is not at a level where nobody has to worry or be concerned, and we're giving away T-shirts and other prizes as incentives.

The nonreplacement system may have caused inconvenience and some financial problems for some people. But in today's world, we haven't solved the blood supply problem, and the cost of blood is far more excessive.

So what is the answer? What is the panacea? As our government turns more and more to individual responsibility, by the fact that we've been so generous and excessive in our payments for health care, it's obvious that the corporations and the government are now saying, "Well, folks, you have to pay more." To me, individual responsibility within the blood system is a paramount factor in encouraging people who are receiving transfusions to do something, to be grateful, to try to help. If they haven't any money, they haven't any friends, there's no way, they've already had their transfusion. What are we going to do about it?

I still feel that whether it's financial responsibility or whatever type of incentives, it's needed, because in America, remember, New York today is still importing blood. It doesn't stay just in New York. Because it has this surplus that comes from "internationalism," quote, other blood banks are buying from them. We've gone off a borrowing and loaning system to a buying system. And I don't personally feel that we should buy blood from a donor, or we should buy organs, or anything else.

So today, if you relate to our long history of this concept of individual responsibility, how are you going to get organs? We opposed, from the beginning of time, the payment to families for organs of their deceased and loved ones, because it's bartering the body. And as far as I'm concerned, by having whatever terms you want to apply, we're loaning you something in hopes that you in turn help us with this big, big problem of

always having enough blood at the right time for patients waiting for it.

Yes, I'm wound up.

LaBerge: That's good! I'm glad you're wound up.

Hemphill: There's more later on this subject.

Response of AABB: A Position Paper, 1976

LaBerge: Right. Was there any reason the Red Cross or anybody would have seen your books or your financial records?

Hemphill: Oh, all our records.

LaBerge: But I'm wondering, they probably hadn't seen the books, so they were just out of the clear blue assuming that you were rolling in money and making money and doing who knows what with it?

Hemphill: Yes. Though there is much to be spoken before my story is over, I will just show you one page of captions when this suit was ended. It would be "Irwin Memorial Blood Bank Cleared," "Consumer Unit Clears," "No Financial Problems," "State Drops its Suit Against Blood Bank," "A Rousing Victory," "Blood Bank's Allegations Dismissed," "No Irregularities Found in Irwin Blood Bank Operations," "Suit Against Blood Bank Dismissed."

LaBerge: And this was after you opened your books and were totally--

Hemphill: Exonerated. And remember the clearinghouse program, now called blood exchange, went onward and forward. The suit followed the cancellation of the inter-organizational agreement that Red Cross and the AABB had in the exchange program, that we have now just been discussing. Then follows the lawsuit, and the investigations by the Federal Trade Commission and Antitrust shortly thereafter.

LaBerge: You know, you didn't tell me that on tape, so why don't you? I have one of your speeches about others who came to investigate. So why don't you tell me about the Federal Trade Commission?

Hemphill: First of all, I think I have to tell you about the suit, because we haven't finished. Following the cancellation of the agreement, it became very difficult for patients to have their friends or relatives give at the Red Cross for us. So then in many parts of the country, we would just have to tell the donors

that the Red Cross broke the agreement, and you will have to give at the nearest blood bank. But if we have problems, why, each individual blood bank then would have assumed the loss trying to be helpful to the donors or the patients that we were trying to encourage to replace blood.

So the public became aware that there was this disagreement between the two national organizations, which affected individual blood banks throughout the country. In many instances, that's the only place that a patient would have friends or relatives, we would just assume the loss and the write-off and feel that there's nothing we could do about it. And we understood.

Then they'd show, shall we call it best effort, and would tell us that. Individually, many blood banks would automatically get their local donor clubs to give us a percentage in order to alleviate the losses we were experiencing as a result of the Red Cross cancellation of the agreement.

LaBerge: Did the Red Cross also borrow blood from the clearinghouse, or did they always have enough to--

Hemphill: They didn't always have enough, but in a way, they had their own system, because they have fifty-six blood centers, so they'd borrow from each other. Remember, if they did not have enough within their system, commercial blood banks were existing that had paid donors. I'd say in a large number of cities in the United States where there were Red Cross centers, there were commercial blood banks. And therefore, the hospital would call Red Cross, and if they couldn't get it from the hospitals, and in some instances, large hospitals and academic hospitals--

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Hemphill: To repeat, particularly university hospitals or large hospitals involved in research and training, would have blood banks of their own. They would have their employees and/or patients' relatives or friends give. They were never very large, but their supplementary supplier was the Red Cross. If the Red Cross didn't have it, then they'd call the commercial blood bank, and then the commercial blood bank paid donors.

We did not believe in paid donors, because we had ample evidence that some of the paid donors would misrepresent their medical history and not say they had malaria or jaundice, or any other infectious disease, and also for the fact that they would give and in turn get their money. There were tests that were not available for us, so that we had to accept in some of these instances verbal histories rather than be able to test.

LaBerge: And we're talking before AIDS, although AIDS maybe existed at the time, but we didn't know it.

Hemphill: Yes, we didn't know about it.

So therefore, Red Cross did not have in these areas--I'm speaking about New York, Chicago, Miami, Atlanta, Georgia, some on the West Coast--really the total commitment to a hospital, but rather, "Yes, we exist and we'll give you blood, if we have it. And if we can get it from our system. But we won't go to the other blood banks and get it."

LaBerge: So they didn't worry about having enough, it's just whatever they had.

Hemphill: They always wanted enough, because it was a good "business," quote, for them. They would make money. But they didn't take on the burden of total supply. In the case of the Irwin Memorial Blood Bank and many other blood banks in California and in the country that operated on the system that I've previously described, we felt that we should have blood for those hospitals, it was our total responsibility to have it, and to borrow from each other, rather than go home and say, "We're out." Or we would stay open later, or do all of those sort of things. But the Red Cross was not open evening hours in many areas of the country, nor did they take this as a total responsibility.

I think by now you can see the philosophical differences and the monetary differences. Now, if you operated nine-to-five or on similar hours, and you didn't have to stay open later because you had five patients having open-heart surgery and you had to provide, at that time it was like twenty units of blood of a specific blood type, not just donors, but the right blood type for these patients, then you had to do all these other things, and you wanted to keep your cost of blood as low as possible for those people who were replacing, then it was a great financial burden and we would have to spend money. But the nonreplacement fee income helped us to offset the additional charges we'd have to undertake in order to be total suppliers.

LaBerge: What reaction--this is even before the suit--did you get from the public?

Hemphill: Red Cross did not put out any big national announcements, or if they did, it would be obtuse, that the Red Cross was no longer exchanging blood with some blood banks in the country. I don't know where those clippings are, but there are some I got. But it was done in an obtuse manner.

So it was up to us, we bore the burden, to say to our donors or our patients that Red Cross broke the agreement with us. "We," the American Association of Blood Banks, did not go out either on a feuding basis. Individual blood banks undertook [the consequences], which was a great problem for them, because it was not good public relations. How do you explain the politics of blood and/or the philosophical differences, and have people really understand why? Blood is blood. Why can't blood banks draw it and just take care of it for patients? So it was a big public relations problem for us.

That's one of the reasons that we published this, *Blood, A Personal Resource*, to tell our story. All the blood banks in the American Association of Blood Banks that wanted this or were on the nonreplacement system would have these available to give to donor clubs or to others if they had problems. The government, of course, would become aware, because in many cases people did write to the newspapers, or say, "We don't understand what this feud is all about, or why the Red Cross--" and some articles were very critical, mostly of the Red Cross, for doing this.

I described to you last time what it was like to be sued by the Consumer Affairs and indirectly with help from the Red Cross. But we tried not to show this dissent, because what does it do? It just gives the public more reason not to give.

LaBerge: That's right.

Hemphill: It's something that is very, very hard to understand. Human blood, freely donated, that there should be anything but an accommodation rather than dissension and lack of cooperation.

National Red Cross Personalities

LaBerge: Just on that note about politics and blood, there was an article yesterday in the paper about [President of the American National Red Cross] Elizabeth Dole. Did you see it?

Hemphill: No.

LaBerge: Here we go. I'll read this for you. You can look at this.

Hemphill: I'd love to have it, based on problems that they're having today.

LaBerge: [reading from *San Francisco Chronicle*] "Although many Red Cross officials gave approval in April to an expanded AIDS program, Red Cross documents show that the board of governors took the unusual step of reviewing the program, which led to its postponement for several months. A spokesman for the [Robert] Dole campaign said Mrs. Dole's work at the Red Cross was `strictly separate' from the campaign."

Hemphill: But it isn't.

LaBerge: You can have this, I'll leave it for you. I just thought that was interesting, because I had never--until I started talking to you, I never had any idea that politics was involved in any of this.

Hemphill: Well, this is a saga. I've never left blood banking at all in the sense of being director emeritus of AABB, starting the Blood Research Foundation, and there is still competition. There is still vying for big problems, takeovers, or melds, and who wins. It's hospitals and everything. That is the current ongoing trend. Who wants to give up their--quote, "who wants to meld turf?" [tape interruption]

Where were we?

LaBerge: Are there people you'd like to mention in the Red Cross who were instrumental in any of this, just for the historical record?

Hemphill: Well, yes. I'll show you all we had to go on, was a Dr. J. Garrott Allen.

LaBerge: Oh, okay, from Stanford?

Hemphill: Stanford. And a Dr. Donald Avoy.

LaBerge: Where was he from?

Hemphill: The San Jose Red Cross, which is what I mentioned last week, was in all of that.

LaBerge: Okay, we talked about both of them. How about a national official?

Hemphill: Yes. Well, then, of course, it got beyond the Red Cross locally and it went to the American National Red Cross, and the president of that was Mr. George Elsey. When I produce for you the Irwin files relative to this suit, there is much correspondence between Mr. Elsey and Bernice Hemphill and our attorneys and another man who was trying to get information for us on the Red Cross, its corporate relationships, its financial situation, remembering this is what it's all about. We were

supposed to be very "greedy and seedy, illegal and immoral" which I mentioned before, and be so affluent.

Then, where the real money was and where the real incentive was for the Red Cross to dominate the country, and that's my story, and I'm not about to change it.

LaBerge: So before all of this, you were on a first-name basis with George Elsey?

Hemphill: Not really. He headed the entire Red Cross, U.S. Red Cross.

LaBerge: So more than just the blood system.

Hemphill: Oh, yes, all of its services. But because it became so identifiable and so much in the press and in television, the Red Cross nationally was drawn into it. He was the one that wrote the letter. I've known him because, before the lawsuit, he's the one that cancelled the Red Cross agreement.

LaBerge: Okay, that's what I wondered.

Hemphill: This was the "cast of characters."

LaBerge: Last time, you told me how you found out about the lawsuit, how you were interviewed, and then it was announced on TV before you even were served with papers.

Hemphill: It was twenty-four, thirty-six hours before I was even served. Hadn't even read the charge.

Gradual End to the Credit System

LaBerge: Well, tell me who your supporters were after this. I think you mentioned the California Medical Association was very supportive. How about the American Medical Association?

Hemphill: They were aware--they were just neutral. It didn't cause them any pain or hardship. There was support amongst some of the leadership, but their official position would not have been one of speaking out and defending us. As I mentioned to you earlier, when the American Blood Commission was formed, they have two representatives there, as did the College of Pathologists, American Society of Clinical Pathologists. The physicians representing these organizations were involved in their own hospital blood banks and they were very knowledgeable about blood, and had in many instances support for us, but no

one really played--when votes would come about issues, I couldn't really say that they were so partial that we could necessarily count X votes.

They all were there at the table, they all came to meetings. They were sent by their organizations. They ate and met. They wanted peace. But they weren't about to say, "We want one system." They just tried to ameliorate and stall, delay, and do a study, that kind of thing.

And I think that what I am saying more or less is substantiated by the fact that the American Blood Commission just died out. And I can't say exactly it's because I retired. [laughter] But--

LaBerge: Did it die out because it didn't have a purpose any more?

Hemphill: No, it didn't have any purpose, really. We did not solve the reciprocity problem and I must say that several blood banks in the country chose to, if they were in a particularly aggressive Red Cross area, to gradually, gradually, gradually, over a period of ten, twelve years, or more, eliminate the credit system. Not that it was a bad system, but it was paperwork. So what happens? You now say, "We'll go to corporations and donor organizations and take their blood for the community, but there's no credit system." They keep track of how many and give you an award, but nothing to reduce the cost of blood.

LaBerge: So this is throughout the country, there's no credit system?

Hemphill: In some areas, there still is, but it's more minimal than anything. I'm not just trying to be defensive, but my message is that they went off of it, but did that bring in enough donors at all times to blood banks? Because it was such an onerous program? They're having as much problem today as they had before. But, they're making more money. Blood banks are doing better financially because they just don't give any credit to anybody, they don't reduce any total cost, so they just charge what it costs, and more. So the price of blood has risen appreciably.

There are 5 percent givers, 99 percent takers. The donors are giving, and patients are receiving, but many blood banks do not communicate with patients, encouraging them to support the blood bank with blood.

LaBerge: It was about six years ago that I last gave blood at--

Hemphill: Alameda-Contra Costa Blood Bank.

LaBerge: Yes. And at that time, I was able to get a credit or give a credit. They still do, do you think?

Hemphill: I don't know. They did. I don't know what they've done recently. And I don't think Sacramento does any more. I'll have to find out how many blood banks in California are still on the replacement system.

In any event, we had a $25 deposit fee, and they reduced it. Then Irwin dropped it to $10, and then eliminated it this last January, I think, December or January. No fees are reduced. I have literature about when they did it, they wrote to the donor clubs, and we understand many of them are quite upset and angry, but I don't know. It was done as if it's no longer needed. And in many cases, blood banks didn't tell people. They had to find it out themselves. In other words, no one went off the system with loudspeakers.

LaBerge: To say, "Those credits you had no longer exist."

Hemphill: Yes. Irwin did tell the people, but many others did not. They only told the donor clubs, which they'd have to do, but they didn't make any big public announcement in the paper or anything. A lot of people still think they get credit if they didn't read that or if their donor club chairman didn't tell them. But it's true that in most cases, health insurance is paying the processing fee. So the patient doesn't.

I'll give you an example of a friend of mine who had leukemia and was getting repeated transfusions. I asked her to send me her hospital bills. It costs almost $500 for a transfusion. Our fees are nonrefundable--it's a fee for blood, which does the most for you. But by the time they've typed the patient, cross-matched the patient, the infusion tray for the patient, I mean, it's almost three times what the blood itself costs. So I want to make it clear that the Irwin Blood Bank is really not being excessive or exploitive in the processing fee, but it also doesn't help get donors.

Response to the Complaint and Adverse Publicity

LaBerge: Back to the suit: On the phone you said that Irwin had to prove more than the American Association of Blood Banks, like it was a more onerous burden of proof on you. Do you want to explain that a little?

Hemphill: Yes. Well, we were doing all the position papers and the clearinghouse at Irwin and the Red Cross agreement was cancelled, and it was a part of depositions. I was chairman of the National Clearinghouse Program for the American Association of Blood Banks, and so involved in it that the burden of defense rested with my office having to do most of the work. Now, everything I did was transmitted to the leadership, the executive committee, or leadership of AABB. I didn't stand out there fighting the world by myself without communicating this position paper. Everything that we would be saying or doing was supported by Irwin's board, and the American Association of Blood Banks' board, because at that time, they had to do that, because many of their members were the same as Irwin. So in attacking us, they were also attacking all these other blood banks, but most of the reports or the P.R. or the defense work with the attorneys and depositions and all of that was a heavy burden on a few of us, like Irwin, namely.

As I mentioned, I could have many ideas, but so did the associates at the blood bank. We were in it together, so it was really Bernice and Emi and Janet Nelson and Arlene Kane and Margaret Harrell. We did all the work and did everything that was required of us by the Consumer Affairs, the Department of Health, the Federal Trade Commission.

LaBerge: Do you want to address that, when the Federal Trade Commission, for instance, came to investigate?

Hemphill: Well, again, I think we have to finish the lawsuit.

LaBerge: All right, let's do that.

Hemphill: I'm hereby giving you a reproduced copy with a little foreword on the suit that was filed in the [reading] "Superior Court of the State of California in the City and County of San Francisco by Richard B. Spohn, Director of the Department of Consumer Affairs for the State of California, namely, the plaintiff, against Irwin Memorial Blood Bank of the San Francisco Medical Society, a California Corporation; the American Association of Blood Banks," which at that time was an Illinois corporation; "Bernice Hemphill individually and in her capacity as executive director of the Irwin Memorial Blood Bank of the San Francisco Medical Society; and Does 1-100 inclusive."

LaBerge: Who did some of those Does include? Just all the employees?

Hemphill: Could be; the board of directors, all of the board of the American Association of Blood Banks, or anybody that they chose to bring out into focus.

LaBerge: So this is the original complaint?

Hemphill: Yes.

LaBerge: Did you ever go to court, or was it all deposition?

Hemphill: Depositions and conferences to settlement. There was the time, I remember saying last time, that we were going to court, and Dave [Willett] and his female associate came to my office. So this is what was filed. I don't think I have to read that at this point.

LaBerge: No, but I would love to read it.

Hemphill: You could read it. It was signed by Richard A. Elbrecht [spells], Joseph Garcia, and Stephen Fleisher [spells], Department of Consumer Affairs, Legal Services Unit, and signed by this Stephen Fleisher, attorney for the plaintiff.

There is so much in between, but attached to this document that I'm giving you right now is also a news bulletin which was agreed to by Irwin and the Department of Consumer Affairs at the time when we settled on January 4, 1979. The suit was filed June 1, 1977. So we had a long, agonizing '77 to '79. Also, on pages twenty-two through twenty-six is a stipulation regarding the settlement and dismissal, the official one, from the State of California. So you see, it was really the people of California suing us. Then a letter dated January 3, 1979, signed by Dr. Henderson, president of the blood bank, with his signature to the stipulation, "...and we're pleased this matter is now concluded." But you will find in the stipulation how the fact that we were--

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LaBerge: You were going to say something else about the stipulation.

Hemphill: Well, this quote, it says pretty clearly that, as I say, we're exonerated. And again, this stipulation--oh, the names attached to it were Richard Spohn, though he had most of his henchmen do all of this, John Henderson, president of the blood bank, and our attorneys, David Willett. So after you've read this, then you can--

LaBerge: I may have more questions.

Hemphill: --next time we meet, you'd have more questions.

I want to give you something else as well. I mentioned the suit was filed on June 1, 1977, and this clipping was in the *San*

Francisco Chronicle on Friday, June 3, 1977, showing the role that this Dr. J. Garrott Allen played, and Mr. Stephen Fleisher, who signed the complaint, had been in contact and discussion with Dr. Allen and Dr. Avoy. And whatever information he had about Irwin was obviously supplied by them. This comes out very clear, although neither Allen or Dr. Avoy would say they initiated the investigation, both said they had contributed material to research done by state officials. But in the copy written by the journalist it's very clear that these people were the instigators, I think.

And then it quotes here from Dr. Allen: "It's not that I'm a tattle-tale, but all this material related has been published. The state investigators just came down and we talked about it." But then there are some other quotes. And then it shows here that "another point raised in the controversy is the $60,625 annual salary paid to Bernice Hemphill. Consumer Affairs officials said the salary demonstrated that the institution's costs were excessive." Now, what costs are excessive based on my salary, after at that point having been in the field locally, nationally, and internationally, never getting a penny for any national or international work, not one paying job after '41 to 1977?

And they made the statement I made more than Governor Brown, and I said I didn't know what Jerry Brown made. But I'd sure like to know. So this salary, I gave the reporters the very day after I spoke to our board. They said, "Well, you don't have to do that." I said, "I don't care. I think I should."

Oh, but then I have one more thing. "Avoy, in San Jose, would not give his specific salary, but said the Red Cross pays its blood bank directors between $48,000 and $80,000," but his salary is "somewhere in the lower third of the range."[1] That's the day. But he was practicing on the side.

LaBerge: Right. This was maybe a part-time thing. I think we should put this in with the interview.

Hemphill: This is an exhibit. I think it's interesting reading.

LaBerge: Oh, it really is. Because the Red Cross isn't named as one of the plaintiffs, so unless you knew the background, you wouldn't know that the Red Cross was involved.

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[1]See Appendix for San Francisco Chronicle article of June 3, 1977.

Hemphill: No, but it refers in that article also to the reciprocity agreement being cancelled, so that ties it in. Here these people are--remember, I hadn't seen them. I didn't even know that I was being sued or what was in the complaint. But that is pretty evident that they spoke to the reporter.

LaBerge: Yes. Now, what else do we have here?

Hemphill: I will give you a copy of the newsletter. The American Association of Blood Banks had a newsletter that it sent to all the blood banks that were in the National Clearinghouse Program. This was a newsletter from August of '75, predates again the lawsuit, but it's on the nonreplacement fee, "a proven incentive to blood donation."

LaBerge: Okay. [tape interruption]

Hemphill: I will have more, I believe, documents that discuss how much time and effort and money was spent to defend ourselves [Irwin] for this superficial, political lawsuit. But those files have to come from storage. I'm asking someone to help get those and for us to review; to go through them will take some time, because they're so voluminous, and I only want to pick out things that truthfully depict both sides.

LaBerge: And also, next time you can describe when you had these other investigations, from the Federal Trade Commission and Bureau of Biologics or whoever else came in.

Hemphill: Okay.

Irwin's Public Relations

[Interview 14: September 27, 1995] ##

LaBerge: Today we're going to finish up a little of the Department of Consumer Affairs suit. The last time I was here, you gave me a copy of the suit, which I've since had time to read. I have a couple of questions on that.

One, I was reading through their allegations. They kept talking about the volunteer blood donor. Now, to your knowledge, were there any blood donors who complained?

Hemphill: No. Under discovery, we never saw any letter or any complaint or any document that would support how the Department of Consumer Affairs had chosen to attack Irwin. Because it had to

be more or less a web of personalities who were--for their own self-interest--wanting to embarrass Irwin, to encumber its operations. I think that one newspaper clipping[1] plus our response to the allegations are self-explanatory.

LaBerge: Yes. Well, the other thing they talked about were the advertising practices. Why don't you tell me what your advertising was?

Hemphill: We have never paid for advertising, ever in my administration of the Irwin Memorial Blood Bank. What we did have was a public relations representative who was the contact for the media, particularly shortage of the blood, needing blood, drafting brochures on why people should give blood, why blood is needed, all of that. But we never paid for any advertising of any kind.

That goes back to terms used today. You talk about "marketing," in the "marketplace." Those terms were never in focus at all. Our publicity representative, Jan Nelson, whom I referred to before, was a superb writer; her real role or job description would be to relate the needs and the benefits to patients of people who could voluntarily give blood. We had no paid donors at that time, so I don't think then that you will find in any of the documentation in our files, that we ever were specific as to the term "advertising." I think terms are all in the mind of the beholder. We had someone to do publicity, which means good human interest stories, but never did we anticipate that we would be so challenged with a lawsuit whereby the participants in the suit had their own self-interest.

LaBerge: When there was a shortage of blood, would the radio stations give you a free minute or something like that?

Hemphill: Everything that the blood bank had on TV or radio was all public service. So that's why I want to definitely say that we never paid for any commercial advertising at any time in the history of my administration.

LaBerge: Yes. And I imagine that came out in the depositions.

Hemphill: I can't recall that--

LaBerge: Since they used that--

Hemphill: But obviously, it was no problem for us to say that we were a 501(c)3 nonprofit organization that also filed our Internal Revenue documents, State of California documents, city and

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[1]See Appendix for San Francisco Chronicle article of June 3, 1977.

county documents. Anything that was required by governmental agencies was a matter of public record, which we had to do each year at the same time. We were always audited by a well-known auditing firm, so that we ran a very straightforward, in accordance with all policies, operation--all policies meaning any regulations required by government.

Some letters came to us as a result of the propaganda, why, our operations were an open book to the public. I've already explained to you our source of monies, which was the processing fee, and the refundable replacement fee for predeposit requirements. I emphasize that people had their blood transfusions. Monetary aspects were always an after consideration, whether or not they had insurance or they were under the county or some other government agency. Obviously, the transfusions were given and money was the second [in priority]. We never had, that I ever recall, a collection agency ever employed. So our blood was furnished to hospitals, and our fees were identified on hospital bills. Either the patient was paying directly, which was minimal because all during this period of time, most everybody had some type of insurance, or they were under government programs, Medicaid, or Medi-Cal as it's called in our state.

Keeping Accurate Records

LaBerge: One of the things I noticed in your position paper that compared Irwin and the AABB to the Red Cross, was a difference in the hospital records. You required the hospitals to keep records of which patients got blood, and the Red Cross did not, is that correct?

Hemphill: Yes.

LaBerge: Why wouldn't they?

Hemphill: Well, the blood that the Red Cross would have collected had a number on it, just as ours did. But the Red Cross system was to issue it to a hospital, and then at the end of the month presume the hospital would be billed for so many units of whole blood or red blood cells or plasma or derivatives, whatever they issued.

But in our case, we dealt with the hospital, but identified the blood units that were sent in the name of the patient. Now often, if a blood was returned by the hospital, then they would show a credit on the hospital's bill. So we both billed hospitals, but the difference was we had the patients receiving

blood transfusions with a responsibility to encourage blood replacements from their friends and relatives, or to transfer credits from their lodges or businesses or other organizations that were predepositing blood for the need of their beneficiaries.

LaBerge: Because you knew the patients' names, it sounds to me like your records were better. For instance, later when AIDS broke out, wouldn't that have stood you in better stead? Because you knew exactly who had received blood from you, or--?

Hemphill: In many instances, yes. We would know the blood number given to individual patients. Or if it was returned, the hospital had to issue a credit slip to us. So for the "look-back program," that should be in quotes, that Irwin undertook following the onset of AIDS, having both the name of the patient and the blood number was an advantage. Now, to be fair in the case of Red Cross, the hospital would know what blood number was given, but those records were not usually on file in the Red Cross system.

Sound Financial Practices

LaBerge: I see, okay. To get back to the suit, one of the other allegations was that the nonreplacement fee--am I saying that right?

Hemphill: Yes. Or we called it a predeposit for replacement subsequently.

LaBerge: Okay. Was used to support "unrelated activities" of the blood bank. What did they mean by that?

Hemphill: I think it's a matter of just a statement, because the monies that the Irwin Memorial Blood Center received were all kept for its own operations. In other words, for the collection, the providing, the distribution of blood, also research that we were doing. So making a statement, "unrelated," it's absurd. It was sort of a search, hoping that they would be able to find something under discovery that we used the money for, which was never, ever a matter of question during the whole lawsuit and subsequent settlement. All of the money--no board of directors received any remuneration. They were all volunteers. They never in turn were going off to faraway places even for meetings. We never sent board members; they paid their own way, if they were going to attend. If it was the president, whom we would always encourage to go to the American Association of Blood Banks' annual meeting or otherwise, but in which case they were not financially sponsored by the blood bank. Or

volunteers. Mostly we would send staff to these meetings, but not great representation.

The American Association of Blood Banks' meetings are so encompassing on all aspects of blood banking--administration, technology, science, service, human relations, how to recruit donors--everything that we ever did within our specialty or human service would have some type of program. And yet, we did not ever send a great contingent to it, but rather, the people who were sent would then be required to return to the blood bank and apprise the staff of all aspects that they covered. If it was a lab technologist, she would talk to the lab staff. If it was someone in donor recruitment, they would talk to all the donor recruitment staff, and that was the usual way in which we handled our attendance at either state or national meetings.

Furthermore, every other year, there would be an international blood transfusion meeting somewhere in the world. In all the years I worked at the Irwin Blood Bank, I had one international trip. Everything else was paid by myself. Which I think is to be commended. Since we were not subsidized by the government, I'm talking about the direct operations of the Irwin Memorial Blood Centers, we had no government subsidy and the Red Cross did; we obviously had to be self-sufficient. Our financial records were produced under deposition and under discovery, and as you can see, when they had the settlement of this suit, there was no mention at all about the monetary aspects of our service to be changed or to do anything. It was a big nuisance, and a very, very political lawsuit.

Membership of the Blood Bank Commission

LaBerge: The three stipulations in the settlement were all things--it seems to me it said something about "Irwin will continue to do" --what you'd been doing, meaning what you'd been already doing was absolutely correct. "Irwin will continue to make available upon request the financial statements," et cetera, and that the department would encourage other blood banks to follow your example, and "Irwin will continue to ensure at least one-third of its board of directors are public members." How long had you had public members?

Hemphill: Well, we only had one at first. Because the legal entity responsible for the blood bank was the San Francisco Medical Society. They in turn appointed members to our Blood Bank Commission. It used to be mostly physicians. Then even before the lawsuit, we still had one or two public members on the

commission. But they encouraged us to have more, and if you'll remember the times, it was just the beginning of government asking for more public participation. Or Ralph Nader and many other individuals or groups. And I think it was a good idea.

As far as my own personal feelings even today, our foundation, Blood Research Foundation, is primarily community leaders and less physicians. Yesterday, I was out at the blood bank going through all our donor records, and attempting to get a group of people who had given several gallons of blood or were of different ethnic and economic groups to form a donor council or a group of advisors to the blood bank. The main reason is we need as much input as possible and networking among the people who are giving blood to be examples and mentors for us.

So that's always been my thinking, though at the time from the medical society's point of view, which was the parent, they felt--and they could be right in this--that blood banking was a medical specialty, therefore, the standards, the inspection, the requirements for safety in blood transfusions were more or less in the hands of medical people. We also had hospital representatives on our board, because where were most transfusions given? In the hospitals.

LaBerge: Now, Dr. John Henderson, who was president of the blood bank: was he president of the board or president of the--

Hemphill: He was president of the Blood Bank Commission. And he would have been appointed to our commission by the board of directors of the San Francisco Medical Society. As far as our corporate entity is concerned, they were referred to as administrative members. But the blood bank was separately incorporated from the medical society. The medical society, not a physician or the society, at any time ever received any financial remuneration or special privileges or anything from the Irwin Memorial Blood Bank.

LaBerge: So was Dr. Henderson a volunteer, so to speak?

Hemphill: Yes. All Blood Bank Commission members were volunteers. The administrative members, who also were the board of directors of the medical society, definitely were all volunteers. Perhaps the best way of explaining this is to say that the official name was the Irwin Memorial Blood Bank of the San Francisco Medical Society, because the medical society originally played the major role in starting the blood bank. It wasn't until after I left--the late eighties--that there was a dissolution, and now the Irwin Memorial Blood Bank has its own board of directors, has no connection to the medical society.

But to go back to what I was saying, we were a 501(c)(3) freestanding [group], and the administrative members, also known as the board of directors of the medical society, was the super-board, if you will, who in turn appointed Blood Bank Commission members. The representatives on both organizations served without any remuneration, but held fiduciary responsibility and also community responsibility for the operations of Irwin. And from the commission stemmed my position, in the beginning managing director, then the title was changed in latter years to executive director. Not that it meant any great boost in my salary [laughs], but the titles were changing in blood banking and in hospitals.

LaBerge: And in society too, I think.

Hemphill: In society. Just like today, the person who has the position I held is called the president of the blood bank. The board members are called board of directors, and the leader of this board of directors is now a physician, Dr. Mark Oscherwitz. He's called chairman of the board. In other words, on the dissolution from the medical society, having now a freestanding board, those are the terms used. Board of directors, with a chairman of the board, and the responsible head on staff is called the president, and he is a physician, Dr. Andrew Heaton.

LaBerge: You've spoken about him. Well, tell me about your relationship with the Blood Bank Commission. You once said you'd go in there and you'd tell them the good news and the bad news. So that when the suit came up, you had a good relationship with them to start with, or always?

Hemphill: Oh, yes. The day that we were served with the lawsuit, it was about eleven o'clock in the morning when the press came, and dropped this release that Richard Spohn and his staff had written announcing the lawsuit. We had not been served yet with the lawsuit.

LaBerge: Right.

Hemphill: So with the copy I had from the reporter, I then called the commission members individually and told them what was happening, and we convened soon thereafter. We made copies for them to see what these allegations were. When it came to the personal attack on me, by saying that I made more money than Governor Brown--

Reasonable Salary

LaBerge: But actually, the suit doesn't say anything about your salary. It was only in that [newspaper] article.

Hemphill: The article. But it was meant for embarrassment to me and for the public to read, as if I was a very highly paid executive, and as if their money was being--income was being spent for perks and so forth for me. As the newspaper shows, I said what I made in subsequent articles, and the Blood Bank Commission said to me, "Well, you don't have to say." I said, "I'm above reproach. I'll be glad to say." But as you saw, the person who was indirectly responsible for this suit would not reveal what they made. So I felt that it was an open book. I always had felt that for me, as a woman, and for service over thirty-some years, that it was not a high salary in comparison to what hospital administrators and other people in hospitals were making. I had no worries about saying what it was, and I think it was in the $60,000 range at that point.

LaBerge: And I figured out the formula for Dr. Avoy.

Hemphill: Yes.

LaBerge: He said it was in the bottom third of this range. It could have been the exact same salary, because the bottom third would have been approximately what you made. But that is interesting that he wouldn't say how much.

Hemphill: But who's to say that what he's saying was true? He could also have private consultation money. It was available, whether he chose to, or possibly on the payroll of other organizations. After all, Dr. Avoy's tenure in blood banking was of such short duration at the time that we were being sued, versus my more than thirty years at that point. I had started and formed the California Blood Bank System as a volunteer, was a founder of the American Association of Blood Banks, and all of the things that I was doing for blood banking locally and nationally; therefore, there's no way to compare the performance or the involvement or the commitment or the accountability required of me, representing three different organizations. With no money from anybody except my one salary from the Irwin Blood Bank.

I never asked for a raise in that era. Money was not my motivation. Certainly it helped me make investments for my retirement, like anyone else, but you won't find anyone who would ever imply or even think that I was ever on retainer or receiving consultation fees or anything from anyone else. Blood banking really was a very dominant part of my life.

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Hemphill: I gave it my all--energy, commitment. There were never days or hours that it wasn't, "What's something new we could do, something creative? How to improve?" And my altruism, I don't want it to sound boastful. It was just that I was being so grateful that I was given the salary I was given; to be in such a wonderful service and to like everyone and everything I was doing was a great blessing. Someone once said, "A rare breed, a rare woman." But that's just a statement of fact. I was proud to be playing the roles I was playing. I loved every minute--except during the lawsuit! [laughs]

VIII RETIREMENT AND THE BLOOD RESEARCH FOUNDATION

Volunteering During Retirement

LaBerge: Right. It's obvious that you loved it, it's obvious that you were dedicated, and that you still are.

Hemphill: Yes, I still am, as a volunteer. When I chose voluntary retirement, the Blood Bank Commission wanted to use my services, and we discussed then this founding of a Blood Research Foundation. It was my idea to do that, which they thought would be great because it would be something that the community would want to support, because whatever money we would collect would be identified and completely used for research for transfusion safety. They offered me a salary to do this.

LaBerge: Oh, I don't think we have mentioned this, so tell me about it.

Hemphill: The formation of the Blood Research Foundation was approved by --well, it didn't have to be approved by Irwin really, but it was, in the sense that we were forming a new 501(c)(3) foundation. I do recall saying that by having a California entity like this, the other blood banks in the state could participate. We would be free to go from border to border and encourage monetary gifts to this foundation, and in turn do research with a board comprised of representatives from other blood banks as well.

With the AIDS onset at the time I left, and Irwin having a hard time with so many lawsuits, the Blood Bank Commission felt that we could be helpful to them. The Blood Research Foundation incorporation with its own board of directors was composed primarily of community people, not dominated in any

way by medical people. There were both, but mostly the concept was to get CEOs [chief executive officers] and people in corporations or foundations to be on our board. We had a liaison from Irwin to our board, but as I said, it was not their decision that we would raise money only for them. It was our Blood Research and Development Foundation board that recognized Irwin's great needs under such duress of the AIDS problems that they chose to say, "We'll start our fundraising and relate it to Irwin's needs," rather than reaching out to get other blood banks involved in the foundation. But by California law, we are still able to recruit funds for the improvement of blood transfusion therapy.

LaBerge: Tell me about being offered a salary, and deciding not to accept that.

Hemphill: I felt that I was retiring, I had annuities, and I took advantage of it, as a result of my own funding. It was a combination of funding. My husband was successful, and I felt that I could take care of myself, and I would want to be a volunteer, having worked for so many years--it was thirty-eight years for Irwin, and the years at the blood bank in Hawaii--and I wanted to be free. [laughs] I don't know what free means. I wanted to lead a foundation, and I felt that my long years of experience could be utilized and be helpful. And to do that, I did not want to have to be salaried.

Nor did I set up a consultancy business whereby I would be able to go and help other blood banks or be called on from hospitals, because of my experience in management, leadership, and finances and labor negotiations, all of the things that I became informed about as a result of living my long career. You can always use more money, but money was never something I wanted. Now, I would be able to do this, I would be able to give more time to other community organizations. Though I was on the board of several then, I added many more as a result of having more free time and not directing Irwin. I continued on with the National Clearinghouse program and the American Association of Blood Banks for at least three or four years after I retired.

So Irwin gave space to the foundation for me to have an office and to have one staff member.

LaBerge: Who was paid, the staff member?

Hemphill: Yes, the staff member was paid, from the monies that we would be recruiting--the monies being donated--but recognizing that when you ask for donated money, the salary position should be very minimal. And in this case, for all the years since we've

had the foundation, the one person never made more than $25,000 [per year] in almost eight or ten years. And also had no bonuses or anything. She had worked for the American Association of Blood Banks as their fiscal representative and also managed the National Clearinghouse program for these three years that I was still active: she did that as well as work for the foundation. No money from the American Association of Blood Banks, but rather just the money she made at the foundation, but she did all these various jobs.

LaBerge: Is this Diane Davey?

Hemphill: Diane Davey.

LaBerge: Who's still doing it, is that correct?

Hemphill: She retired the thirty-first of December. But she comes in and volunteers.

LaBerge: You know, that speaks words, how many of your staff still volunteer at the blood bank, or in blood banking in general.

Hemphill: Yes. And as you heard me say before, the ones I think I identified are still sort of family, besides friends. It was very unique. Most of them are women. I mean, Dr. Perkins and I are very good friends. But when I left, I left. I never had any more money from Irwin, because I had had a retirement fund and did my own financial planning. They do give me health insurance.

LaBerge: Well, that's normal for most businesses.

Hemphill: Well, they gave it to me after I retired. [telephone interruption]

Board of Directors of Blood Research Foundation

LaBerge: Tell me about the board of directors you picked for the foundation. Were you the person who picked them or suggested them?

Hemphill: I suggested them mostly. It was done with the idea of the interrelationship between the foundation and the Irwin Blood Bank. Knowing its needs, I would attend all the commission meetings. I would keep them apprised of who was serving on the board and who I was choosing to do it. The people we chose were community leaders who had been chief executive officers of

companies. The names that come to mind are Mr. Jack Grey, who was Chevron's principal officer. He had retired. We were getting more people who were considering retirement or were retired, since they would have more time. Jeffrey Meyer, who had his own company, also a great philanthropist to the Academy of Sciences, was interested in blood banking. We had a stockbroker, Wally Sheehan. We had Walter Morris, who had been head of public relations at Chevron and also their foundation, I believe. Then we had Douglas Holloway, who was a senior principal officer at Wells Fargo.

And then some physicians. One man who has played a major role in the foundation, who has served as treasurer, is Dr. Kushner. And a Dr. Washington Burns, a pathologist. That's a few.

LaBerge: That's a good representative. Are you still on the board right now?

Hemphill: I'm president of the Blood Research and Development Foundation.

LaBerge: How much time does that involve for you right now?

Hemphill: Right now, just a couple of days a week, because we are in the process of reorganization. We feel that there is a larger role for the foundation than what we have been doing.

When I say I left, I left being employed. I never left the blood bank. [laughter]

Raising Funds for the Foundation

LaBerge: And you never will.

Hemphill: Anyhow, we formed this foundation board, and we would meet two or three times a year. Diane and I did most or a good amount of the work--she doing the office management part, as an executive assistant, and my working with our board members who have been so helpful and wonderful in getting us to our goal for Irwin's needs at that time: we raised $1.5 million. That was all done by volunteers other than Diane, who was doing a lot of the support work for us.

We did studies of donors. We mailed more than 50,000 pieces of mail to blood donors, about the beginning of the foundation, the goals and objectives of the foundation. It was my estimate that they would sort of constitute family familiar

with the blood bank, and knowing whom we were serving, that they were so unselfish, dedicated and giving that this would be a good major source of money. They had the choice, but at least we were making them aware of what we were attempting to do. I felt very assured about that.

But again, proving you can always be surprised, because the mailing piece did not produce anywhere near what we anticipated--maybe less than $5,000. I should give you a copy.

LaBerge: That would be good.

Hemphill: It had attached to it a pull-off sheet to send in, an envelope, to do. That was amazing to me. I was astonished, I mean, it was incredible.

LaBerge: That is interesting. Maybe people thought, Well, I give my blood and that's it.

Hemphill: Exactly. But you see, in a way it proves what I've said earlier, my philosophy of blood banking: not having direct relationships with patients who are benefitting from transfusions is the biggest "gap-osis," quote, in the entire professional service. Because I then followed up by calling some of these people and asking them, and explaining that I just couldn't believe I could have missed this target so much. And they would say, "Well, there are so many other organizations. You are self-sufficient financially. If we give our blood, that's enough." To which I'd say, "Yes, but we do have the research services, and even if we get grants from the government and/or private foundations, we still need it for equipment. Otherwise, we are keeping our processing fees as low as possible, so that they're not excessive for people who are insured or have to pay directly and don't have insurance." But it was an experiment that didn't work. [laughs]

I'm being repetitive but I was just aghast. Just as I would give my blood or I would give money to the foundation, I thought that that was what everybody else would do. I could see the envelopes coming in, and it didn't work.

We raised $1.5 million mostly from corporations and foundations. And those of us that were on the board, our Blood Bank Foundation board, gave money. But it was not very much a broad-based participatory project.

I am trying to work out at the present time some major changes in this foundation, hoping that our present board members will remain, but also adding new members who are younger and are active in the community, in their own profession, or in public service. At this moment, it's a

prospectus, it's a dream, it's a hope, that we will also be able to form under the foundation a blood donor council--really a donor-patient council that will be our sounding board and say we completed the drive that we set out to do. We know all the things that Irwin needs--and the way it has changed its laboratory and research is very exciting, because it's in DNA, it's in all kinds of genetics and many ways. It's a very, very highly respected research department. The public do not know anything about it.

LaBerge: You're right. [telephone interruption] You were talking about Irwin's research.

Hemphill: The blood research and the donor council, of people who have been blood donors for a long time or have some great human interest stories. I still want to find patients who have benefitted greatly and have them participate in our group. I'm not out for great numbers, but at least to talk, to dialogue, to tell their feelings, how they think we could be more successful. Not only in money, but in education of this community, about this outstanding research department that we have, and how highly respected it is in scientific circles. But we have not communicated it in our work with the community as much.

This foundation, if it can work out as I'm projecting it, will be fundraising for equipment, for needs of the research laboratories, for better public education about the need for blood and the ongoing research. There's a need for new promotional materials, videos.

I want it to become alive and well. I want it to have its goals and objectives. I want to have more community people involved in it, and probably do studies that will relate to improving the service. It's sort of a dream coming to fruition, but I feel I have to do it quite quickly. We are having a research board meeting next month, and I have this plan to present to the board. In the meantime, anticipating that they will approve most of the objectives, I also have been going through all our donor files, pages and pages and pages of computerized lists of people who live in San Francisco, and looking at it from age group, employment, number of blood donations given, long commitment or short-term for that matter, and then bring a group of people together just for a talk session.

And then from that group, one or two sessions so that they can form their own chair, and then that person can be ultimately represented on the foundation board. Their activities could relate to three things: to network toward

getting more blood, new blood donors; to encourage monetary contributions for the things Irwin wants to do; and third, to attract volunteers to serve in canteen and motor corps which have been a lifeline for Irwin.

It certainly takes quite a bit of time to build this all up. I do have personalities already in mind that have said they would serve, I'm hoping, if and when we get this new prospectus approved.

LaBerge: What would you say were the accomplishments so far of the research foundation? Like what new tests have been developed, or--?

Hemphill: Well, see, we don't do research. We just recruit money and communicate to the community. The money mostly bought new equipment for the research department and remodeled laboratories. And as I said, to Irwin.

We were the first ones to have a foundation. Now the American Association of Blood Banks has started a foundation. There's another blood bank in California that's starting a foundation. So as I look at it for the immediate future, I would think that our main focus will be on Irwin, or perhaps this region in the Bay Area. It's still under discussion that some blood banks might meld in the Bay Area, or have affiliations of some kind, just as hospitals are doing, in which case then we could be a fundraising arm for other blood banks. But as I speak to you now, purely I want to see Irwin take off and get many more things to meet Irwin's needs and requirements.

I'd like to get this launched and underway and see it making progress, because based on my health, I can't say how long I can carry on and do activities. So it's a burning desire for me to get the board well organized, to get advisory people in. And when I say a blood donor-patient council, I mean an advisory group.

[Interview 15: October 30, 1995] ##

LaBerge: Last time we pretty much covered the Blood Research Foundation and raising funds; you said its primary purpose was to raise funds for Irwin.

Hemphill: Well, that isn't how it started out, but it's the direction we took. Right now I'm trying to arrange a meeting with the foundation board members and Dr. [Andrew] Heaton, Dr. Perkins, and Dr. Bush, as to the new directions we want to take in apprising the community of the outstanding research that's

being done at the blood bank, and where we are now, and what our needs are, and what we hope to accomplish as a result of doing fundraising.

It could be said that the original goal was reached, but now we're taking new directions much more involved in genetics and DNA and new procedures and techniques that will be great breakthroughs, I think. I hope we can reorganize our board and have a plan of action for it, or at least see more board members, younger, a good mix of people. We're trying to meet on November 20, and hopefully we'll get some specifics from that meeting.

AIDS Crisis, 1982-1983

LaBerge: Let's go back to before you retired, and what you knew about AIDS.

Hemphill: Nothing.

LaBerge: That's what I thought, because you retired in 1982.

Hemphill: It was October 31 of '82.

LaBerge: And from what I've read, in January of '83 there was a CDC [Centers for Disease Control] meeting where nationally, people talked about AIDS. I mean, they knew that AIDS existed, but not that it was transmitted by blood. Is that correct?

Hemphill: I would say that they really did not. The profession in general did not know, because it was never--the word "AIDS" at the time I left was not known to me. It was in December that Dr. Perkins was first, I think, apprised, and I could check with him but I'm really sure it was, because he keeps saying, "You were sure lucky."

LaBerge: That you left on time.

Hemphill: Yes. But he was not the director [of the blood bank], he was the director of research at that point.

LaBerge: In December '82, there was a baby who died? I think that was the--

Hemphill: Yes, it was the child. There were others--the blood bank got calls, and that's when they're saying that no one really awakened, the profession itself was not being realistic. I

think the best thing they could do is to get a paragraph or two from Dr. Perkins to say what he saw. For the rest of that period of time, I was around the blood bank, but contemplating the new directions and the establishment of a Blood Research Foundation.

Change in IMBB Administration, 1982

LaBerge: And it came just at the right time for that crisis, didn't it?

Hemphill: But it took us a long time to get organized for it, because of the new administration. You know how it is when somebody new comes, they certainly don't want anybody from the past looking over their shoulder.

LaBerge: Just what you were saying about the new archbishop, right?

Hemphill: Yes. Clean slate, new slate, whatever.

What is not discussed today is what happens to an institution with change of administrations, and potentially what happens to the people within the institution. In that era, the word "downsizing" was not used, because financially and actively, the service did not have--there was no dearth of need. They had the money, all the things that I left them with were substantial. Now, when I say "I" left them, I should say that the staff and I had actually renewed, recycled, Irwin into a very stable, substantive, thriving medical service.

As you know, I wanted Dr. Perkins to succeed me, and the board chose otherwise. Which I think was not a good idea. Anyhow, there was this period of time before Herb really was able to get in control, to be able to freely have his own thoughts and ideas of administration. And as I've said, he's a man of great integrity.

LaBerge: That's interesting, how that came about.

Hemphill: But the transition of people was not just from my leaving. It was a very great awakening for me. I found it very disheartening that so many people did not want to stay, because of the administration's attitude and total difference of philosophy and approach. It was less, I can say, concerned about people, but rather much more oriented to, "How can we make more money, and change things around, and bring in my whole new staff?" I can't help but say that many lives were affected, and careers thwarted, as a result.

Now, that's certainly not unique, to my experience. I mean, we never focus or bring out, or communicate, what a transition means. I saw women in their forties that were no longer appreciated or listened to, or able to be effective because they came from the different administration. Yet, they were doing the same things that they had been doing before. I want my oral history to say that there's a great assumption that, So, fine, when the one director goes out and the other one comes in, that things go on as usual. It's not so.

LaBerge: You mentioned before that Arlene Kane was one person you felt whose career was thwarted.

Hemphill: Emi, too.[1] None of these people were anywhere near retirement. They knew that they were not appreciated or really wanted. They were not satisfied with their day-by-day living, and they had to be courageous and take on great financial problems as a result. At the time, affirmative action was underway; it was thought that you had to be very cautious about trying to fire people because of age or gender or sex. But the reality is, you can make things so uncomfortable and so unpleasant that people don't want to stay.

Or, there's no trust for the administration, or appreciation. So that's what happened. I think it's just not unique to us, it's prevalent. People are affected by these changes, and yet nobody cares. Administration doesn't care, the board of directors don't care. A board of directors today think mostly of their fiduciary responsibility. But when it comes to function or operations or the way in which the service is handled, boards of directors pretty much, in the nonprofits which I can speak of, don't get into anything like that.

I think we've become too divorced from the daily operations of an institution, and whether or not it's effective. Usually, unless something is very, very flagrant, the board of directors meeting once a month or maybe an executive committee in the interim, doesn't get into anything but the bottom line; if there was some scandal or something, that would be different, but they don't want to be bothered. That's left to the omnipotence of the director.

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[1]Emiko Shinagawa retired at the same time as Bernice Hemphill.

Board Chooses an Outside Director

LaBerge: Was that the case when you were the director, did you feel? Or was there a different relationship with the board of directors?

Hemphill: No. I was pretty much an open book. I probably told them too much. All the things they'd be brought up-to-date on: what problems we had, what satisfaction we had, what things were--it's just a difference of depth and scope of reporting. But there would be a reason, why did my replacement leave? Obviously, it wasn't just a better job; he went back to the Red Cross from which he had come.

LaBerge: I see. I didn't realize that.

Hemphill: Yes. He had worked in the St. Louis Red Cross Regional Blood Center, then came and spent time at Irwin, and then went back to St. Louis. I'm speaking what my observation and experiences were from people with whom I worked, the big changes.

LaBerge: What was the board's thinking in bringing someone from the outside rather than, say, hiring Dr. Perkins from the inside?

Hemphill: I had urged that there be a physician, because I felt that blood banking was getting very technical. The field was just a whole new era where things were--not even speaking of AIDS, but viruses, virology in general, and hepatitis, and unknowns were happening. For a facility as large as ours, serving such a wide geographic area and such a very big population, that blood banking is a medical service. Though I had grown up in it and I knew that there were many other blood centers in the country that were directed by nonphysicians, that I still felt that it was time for my replacement to be a physician, and so I recommended Dr. Perkins.

Anyhow, Dr. Perkins was interviewed by the board, and so were some other candidates, but they chose this young man. And of course, they would pay less than they would pay to a physician, so they hired him. After this period of time, when Mr. McDonough left, they did employ Dr. Perkins.

LaBerge: I'm interested that from the beginning, they didn't take your recommendation. Because it sounds like you had a good relationship with the board.

Hemphill: I did, really, but we still had a couple of physicians on the board that were, I would say, not pro-women, who did not make life easy for me; in fact, I had been told by others that one of them wanted my job. Or wanted maybe to be considered, or

had it in mind. That didn't materialize, and the board went for a nonphysician at less salary and less overhead expense, less fringe benefits.

LaBerge: Do you care to mention the names of the physicians who weren't pro-women, or the one who wanted your job?

Hemphill: No. I mean, there's no reason why I shouldn't, but it's nothing to be gained. Anyhow, enough of that.

Blood Testing and Confidentiality

LaBerge: Well, before you left, what were the tests available or other kind of insurance to keep the blood supply safe?

Hemphill: Obviously, we did every test that was needed or identified at that time, but there was not really very much, not really tests at all in the sense of--we were sort of trying tests for hepatitis. Those were more or less being done under an investigative situation, but not as a routine. We were more into the blood groups and to exclude venereal disease, but it was just a burgeoning era for new tests, particularly for virology. [telephone interruption]

LaBerge: Okay, we were talking about the kind of tests for safety. What about the issue of keeping donor records confidential, versus the need of the public to know if there is someone who has a disease?

Hemphill: Oh, I think confidentiality plays a major role in reporting. After I left, it certainly became even more important, considering finding out AIDS' relationship to homosexuality. In my era, that was bespoken minimally, because it was not yet known that there was this link.

You have to remember, what CDC, the communicable disease center [Centers for Disease Control], and/or NIH or any of its bureaus, may have known, or researchers may have known, was not that identifiable to the rest of us. Which reminds me, I think it might be interesting if I read the AABB program of the 1982 annual meeting, get one of those, and read into this what was ongoing.

LaBerge: Yes.

Hemphill: At that time, because I just don't remember the scientific, technical programs that much, because in fact, I can't even

remember if I went to the '82 meeting. I left in October, and the meetings are usually in November. So I may have gone, but I'm not sure. That could maybe give a little bit more depth and substance to our discussion, by saying that there may have been one or two or three papers of unknown patient reactions to blood. But even so, the annual meeting was November, early November, then all of this was becoming public in the end of December, but mostly January, February, March of 1983. March is where all of the, shall we say, fallout came.

CDC and FDA Standards

LaBerge: Yes. Well, the AABB standards were much stricter than--who else had standards? NIH or CDC.

Hemphill: Yes, and the Food and Drug Administration. They always were, but now I'd say that the Food and Drug Administration has become much more dogmatic and autocratic in latter years. CDC is always more practical about what blood bank laboratories can and cannot do, or what the profession can and cannot do. I'd have to say that in general, the profession itself had great accountability. Journalists have written many things out of context. What did I read the other day?

LaBerge: Well, yesterday there was something about Japan, that hemophiliacs who contracted AIDS are suing the government.

Hemphill: Yes. Of course, that's what happened here as well, especially pooled plasma from very many donors, for the fractionation and for the fractions that the hemophiliacs used. I don't know how many suits there were or whatever, so I'd have to again sort of check.

LaBerge: Well, you don't have to check it, because we just want to talk about what you know.

Hemphill: But it would be interesting. I should remember, anyhow.

LaBerge: Did you have any involvement with the FDA or the CDC? Were you on one of their committees?

Hemphill: Yes, I was on the CDC advisory committee. It was like a board of directors for CDC, and that was during the Nixon administration. I was an appointee, I guess it was, for two or three years to CDC.

LaBerge: What did that involve?

Hemphill: That would be laboratory, public health, communicable diseases, and the safety standards and procedures, and I was a member of that board.

LaBerge: In the seventies?

Hemphill: Yes. If I remember.

LaBerge: But that involved monthly meetings?

Hemphill: Mostly more like quarterly.

LaBerge: Were you appointed by the president?

Hemphill: I was a presidential appointee, because of my involvement in the profession and my laboratory background.

LaBerge: Do you remember any of the issues that you discussed at that time?

Hemphill: A lot of that at that time was hepatitis and malaria. Of course, it was not just related to blood banking, it was related to public health problems in general. It was a great variety--it would be vaccines and fractionation and many other topics. The CDC, NIH with its grants, and Food and Drug as a licensing agency, at that time called Bureau of Biologics, were not nearly as rigid as they are today.

Importance of a Professional Organization

LaBerge: In the whole context of this, what do you see as the benefits of having some kind of a national structure, or no benefits in having a national structure?

Hemphill: You mean like the American Association of Blood Banks?

LaBerge: Yes.

Hemphill: Oh, I believe that the greatest progress in safety of transfusions has been the result of the scientists and technologists and physicians that were affiliated with the American Association of Blood Banks, because no public agency or any private agency could anywhere near have produced the methodology that resulted without professionals in the field that had great integrity and accountability, and were willing--

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Hemphill: Were willing to volunteer and do all of this work for only one reason: the safety and efficacy of blood transfusions. I'm not familiar with any other profession that has given so much in time of its individual members to improving blood transfusion therapy than members of the American Association of Blood Banks. The greatest progress and safety has come from the people within the profession.

A national organization is all-important, as I see it, to having safe blood, and the combined talents and expertise, brainpower, commitment, dedication, of thousands of people since 1947 is awesome. The organization has come a long way, also for leadership, administration, management, fiscal reporting. There's not a facet of blood transfusion service that individual members are not involved in. There's a staff, of course, but the real knowledge comes from the scientific community, and/or those that have great acumen on management and administration, the leadership.

The Department of Public Health here has licensed blood banks, accredited blood banks, since the late forties, but they worked very cooperatively with all the blood banks in the state, worked together to do things that we felt were in the public good. That hasn't always been the case particularly of the latter years in the Food and Drug Administration. It's become very authoritative and dictatorial and repressive. The way they've treated some blood banks wasn't exactly as a team effort, or we walk together, or we do things together. But it became far more dominant than it needed to be. It became political, and as a result, made blood banks spend a lot more money and have much higher overhead costs in some instances, which were not necessary. More extreme, but in a very commanding way.

I don't say that we should not have the national government involved in licensing or accreditation, but it's those people that are doing the work every day that know what's right and what's wrong, and should be far more effective and be listened to than what the government has chosen to do within recent years. It's a personal observation.

IX AMERICAN WOMEN FOR INTERNATIONAL UNDERSTANDING AND OTHER OUTSIDE ACTIVITIES

Beginnings of American Women for International Understanding, 1968

LaBerge: Well, let's switch gears and talk about your other life. How did you get involved with the American Women for International Understanding?

Hemphill: That goes back to the Nixon years. I was appointed to a national committee of professional women that originated in Washington. My name was on a list, and I was asked to go to Kansas City to a meeting of Republican women on what we could do to help elect President Nixon, a Republican president. While I was there, I met a woman, Bernice Behrens, who had just returned from the Soviet Union with her husband [Squire Behrens], who was a reporter for the *San Francisco Chronicle*. So this was in '68. She was planning another trip in the near future, and asked me if I would like to go along on the delegation.

It was an unincorporated organization, and the first trip was in 1968. My first one was 1969, to the Soviet Union, and was more like a group of women traveling together.

LaBerge: So it was all women?

Hemphill: It was all women, yes. And the name was still being, in a way, contested.

LaBerge: You hadn't chosen one yet?

Hemphill: Well, they had this name, but they went under the name American

Women. But some people weren't sure they liked that name, but anyhow, that was the name they chose. We had a travel agent, and Bernice Behrens was the coordinator of the group, along with another woman, Carolyn Camp. That was on my trip in '69. They were meeting with Soviet women--the purpose of the trip was for women of like professions to meet each other, and exchange ideas, and carry on friendships and continual cooperation, correspondence.

So that's how I met. It was in '68, I'm pretty sure, that I heard about that. Then in '69, I was invited to go. This organization did not have routine meetings or anything.

LaBerge: It was sort of new?

Hemphill: It was brand-new, because '68 was its first trip. Maybe the people were friendly with each other, but it was not an organization with members per se at that time.

International Transfusion Conference, Moscow, 1969

Hemphill: Though I had been asked to consider it for '69, I was also invited to go to Moscow for an international blood transfusion congress. I had a dual reason. I went to the congress, and then planned to meet my husband in Greece, and we would vacation there for a couple of weeks. Then I would go back up to Moscow to the American Women group conference. Did I talk about this before?

LaBerge: No.

Hemphill: My experiences at the International Transfusion Congress in Moscow were so different than when I returned and went along with just the women. At the international conference, there were about 1,600 people--doctors, scientists, laboratory technicians, involved at the transfusion congress. There were, I think, less than fifty women, and most of the women there were Russian women. I think maybe there were not more than ten from the United States. It was in the era when the Russians were being very boastful about cadaver blood. They had a technique that we could not replicate in our laboratories: once the person died, then you would bleed them within a twenty-four-hour period and be able to use that blood for transfusion.

When they did the demonstration, it was a body that had been turned upside-down, as you watched it. It was clothed in white, mummy-like. The blood was being taken from the deceased

person and collected in an anticoagulant solution. We all were astonished because of the procedure, but more importantly, it was being challenged by most of the people from the United States because they had previously read about this technique in the medical literature, but could not reproduce the same results. It was not an accepted procedure in our country. But that was just one experience.

LaBerge: Do people do that today? I have never heard of that.

Hemphill: No. This was done like at the city hospital. As many of us left the country, we were still of the impression that that was the basis for blood transfusion service in all of Russia, because it was touted so much to all of us. But we still had suspicions about it. In any event, many people went home to see if they could duplicate these experiences.

So then we found out that actually, the reason we heard so much about this technique was that the person directing this particular blood laboratory was a prolific writer, and he was sending articles out as fast as he could in his own self-promotion. I cannot say that people were not given this blood, and that it was not a dominant procedure, but that we subsequently learned that other places, like when I went to Leningrad, we didn't see the same routine being done. Then when we went to other parts, Samarkand and Tashkent, nobody even knew about what was happening.

Maybe for three or four more years, we could still find articles on this subject, but it never became a practice in our own country.

But attending that conference was very awesome, because the weather was not very good--it was pretty rainy and damp, and the Rasia Hotel, government-built, was huge, had 1,000 or more rooms. It was very Russian-dominated, and that's logical, because though it's called the International Blood Transfusion Society, not that many people from afar--as I say, there were about 600, I think--came from countries other than Russia.

There was a young scientist chosen to receive the International Society's award, but there was much politics and discussion before, because the Russians did not want to be--not also get an award. There was much politics going on behind the scenes, so that this young scientist would not be the only one.

LaBerge: Where was he from?

Hemphill: He was from the United States. So as I recall, the young man

who had been voted by peers, by the board of the International Blood Transfusion organization, was given the award, but then there were also sort of "mock" awards given to other Russian scientists. But anyway, just a political experience of how pride and certain pomp and circumstance have an effect on a blood transfusion conference.

LaBerge: How were you accepted in that group, as a woman and as a nonphysician?

Hemphill: Pretty much with people that I knew on the trip. I mean, it was not a great--there would be receptions or things like that, and one would go there, but most of the Russians did not speak English, though they did do some English translations at the conferences. But in a social milieu, it wasn't easy to communicate.

Interlude in Greece

Hemphill: I remember leaving on a Sunday morning to fly to Greece, and it was like six o'clock in the morning, I was going to the airport by myself with the driver. And of course, it had been written to the driver where I was to go--I had no idea, he could have led me into the forest primeval and I would not have known what I was doing, because I was by myself. But anyhow, I got on the plane and flew to Greece. I was thinking of how depressed I was, what a long way we had to go before we would ever have any really good exchanges between Russia and the United States: in that era, there were guards everywhere, and the weather was cold and bad. It was not really a happy conference--probably if you spoke Russian it was okay, but to those of us that came from other parts of the world, it was a wide-eyed experience to be in a country with such police action and rigidity. RIGIDITY, all in caps.

All the way flying to Greece I couldn't get it out of my mind how oppressed I felt the people were. Lenin was in '21, and this was '68, so it had been about forty years or more of that as a country, they had been under Soviet rule, or not under the crown. And the food was not good. If you're there for five or six days, you lost weight. [laughs] At least, I did.

But to get out to the warmth of Greece and to have the reunion with my husband and so forth was wonderful. I arrived first. I went to the Hilton Hotel, checked in, and was sent up to the room. I thought, [gasps] Oh, is this our room? Because

there was luggage in the room. And I thought, Charles is here! So I proceeded to unpack, and the suitcase, nothing looked familiar to me. [laughter] I unpacked only to find that within about two and half hours--and here I am just lying on top of the bed thinking, Where is he?--and the door opens, and in comes a Mr. Hemphill.

LaBerge: You are kidding! [laughter]

Hemphill: I had good intentions, because I planned to surprise him and go and meet him at the airport, because I knew when his plane was supposed to arrive. Of course, I had no communication in the Soviet Union with him. We didn't dare telephone. If you telephoned, it would be twenty-four hours, and then maybe you could get a voice and maybe you couldn't get a voice. So communication was the last thing you thought about on wire or whatever.

So in any event, in comes Mr. Hemphill, and there I am. [laughter] We both look at each other. "Oh!" He said, "But this is my room." "Well, this is where they sent me." So we both looked at each other. "There's been some mistake."

LaBerge: How did you find out his last name was Hemphill?

Hemphill: I said, "I'm Bernice Hemphill," and he said, "Oh, I'm C. Hemphill."

LaBerge: So it could have been Charles.

Hemphill: It could have been, you see. And as I remember, he was from London. But it was so odd.

LaBerge: Oh, it's a great story!

Hemphill: In a Greek hotel. As I said, I was so ecstatic. In fact, I was so ecstatic that even though I had been up early and flown and everything, I was so excited at our reunion and thoughts of a whole two weeks together, that I was just up here [motioning]. So I couldn't sleep. There I was, just plopped on the bed. [laughter] Oh, I'll never forget that story. So then subsequently that night I moved. He had that room, so I moved. I told Charles the story. So then we called him up and said, "Do you want to have dinner together?" [laughter] Now I have two men in my life. As I remember, we invited him for dinner, but he was on business, but we did have cocktails together and had great laughs about that.

I holidayed with Charles, and we went from Greece up to Italy and to Switzerland. Then he came back to the States,

because I was joining the women's organization. That's when I took about five weeks--the only time I'd ever taken that in my life. After spending about ten days in the Soviet Union, I left and continued around the world. So I had an around-the-world ticket, because I had always wanted to go to Afghanistan. Oh, as far back as I could remember, it intrigued me, and the Khyber Pass. It was medieval, it seemed to me. So I continued and did Afghanistan, Iran, India, Hong Kong, and home. So that was my first around-the-world in 1969.

Adventure in Afghanistan ##

LaBerge: So this was your first around-the-world trip. Did you become a Circumnavigator, part of that organization?

Hemphill: No. But it was a very interesting experience, to think '69, so long ago. When I got off the plane in Kabul, which is the capital of Afghanistan, it was dusk. All I had done was make a reservation at a hotel. It was a hotel that would have been South of Market Street, would have been like the Palace. No lock on the door. It was more like a stable; it looked like a big stable. [laughter] I was by myself.

LaBerge: No tour or anything? It was just your own trip.

Hemphill: Oh, no. I just thought that they'd show you how to take a tour. I had no idea that I was going off on this great adventure. Before I left--I don't know whether this should be part of the story--

LaBerge: Oh, I think it's very interesting.

Hemphill: Before I had left, I had a dressmaker who was Czechoslovakian. I told her that I was going around the world, and she was doing some alterations for me. She said, Oh, she had a cousin who was in Afghanistan, a civil engineer, and he was involved in the building of the highway from Kabul--rebuilding of it, I guess--from Kabul to Pakistan. And oh, she was so excited that I was going on this trip, and would I say hello and so forth and so on.

I said, "Oh, thank you very much." Having absolutely no intention of calling or doing anything, because of course, I was going to arrive there, get in the hotel, and go sight-seeing. Needless to say, there was no American Express, there wasn't anything. The clerk didn't really speak English. He spoke French, and I didn't speak French. We were having a hand gesture idea of who I was, USA, [motioning] that part was okay.

So he gave me the room, and I sat up all night in the chair by the door, because I just thought, This could be anything. I don't know where I am, and I just have to sit up here and get out of here as fast as I can, though I had been planning to stay for three days.

In any event, the morning came, and I went down to the desk, and there was no restaurant. I mean, nothing, no place for breakfast. So I now go out and see camel caravans [meandering] through the city, through the streets, and people wearing their native dress. I go walking for blocks and blocks, thinking how do I get out of here? There's no airlines office, there is nothing except this hotel where I am. How do I find somebody that speaks English?

Well, of course, the embassy would be the logical thing. But I went back, and tried to communicate again, "My passport--embassy," you know, "government--flags--" waving my hands in the air. I was not getting very far in any of this.

While I'm trying to talk to the clerk, he is trying to tell me that there is a man over there that wants to meet me. And it was the cousin.

LaBerge: Oh, my goodness! She had written the cousin, obviously?

Hemphill: Written the cousin. The cousin was tall, really a handsome man, at least six-feet-three. He spoke English, he spoke Farsi, he spoke Czech, he spoke French, he spoke many languages. And I tell you, I was stunned. I couldn't believe my good fortune. He said he was Jindra's cousin, and he would be at my disposal, and where would I like to go? So I said, "I want to go to the Khyber Pass!" [laughter]

He said, "Now, how did you get in this hotel?" I said, "I don't know. I think that's where I was assigned from the travel agency." He said--you won't believe this--he said, "The Intercontinental Hotel opened yesterday. Get your things and I'll drive you to the hotel." So I had three wonderful days.

LaBerge: Oh, I bet you did.

Hemphill: In and around Kabul and up to part of the Khyber Pass, and Bomian Valley. I should show you some of the money, show you some of the jewelry that I was able to get at that time. Things that were so exciting. It was an unbelievable experience. How did I expect as an American to be able to do anything I wanted to do, when I wanted to do it, by just buying an around-the-world ticket. I didn't realize. I did Afghanistan, and then I did Iran. So as far as getting in from

Samarkand, I flew out of eastern Russia and then I was able to get to Kabul all right from there, then I went to Teheran, and then from Teheran on through India and home.

I stayed at the Intercontinental Hotel, and he would pick me up in the morning, and then he took me up into the most remote of villages. He knew the country exceptionally well. So every day, he just devoted to me. I would have him for dinner and lunch and it was so fabulous. I have never forgotten that. I never forgot my dressmaker.

LaBerge: What's her name again?

Hemphill: Jindra [spells]. I don't know where she is now, but I wish I did, because I subsequently told her what an experience of my life it was. It certainly was a very humbling experience for me to realize I had great limitations [laughter] on what I was able to do as a result of not being fluent in other languages, and just having a dream of seeing the country. But what she made possible was something else.

I went on to India and I had blood bank friends in India, and all the rest of the way home. In Iran, I had several blood bank friends, and in fact, on that trip I met the Shah's sister. When I was in Teheran, I was by myself. [telephone interruption] Iran was at the height of its glory, I think. There was high employment, it was trying to really break through with the U.S., the relationship with the Shah. We had many Americans in Teheran, and it was before their tremendous x-thousandth-year celebration.

But I sat there in the late afternoon at the Hilton Hotel thinking, The Shah is the luckiest person in the world. He must be blood type AB, meaning, if you're an AB, you're a universal recipient. Because we were courting the Shah, the Russians were courting him, saying they'd build a railroad to Teheran, Afghans obviously wanted investment into their country. So everybody was courting him. It was the height of his empire.

Little did I know what would follow, because it was probably, what, not more than three to four years later that he would be deposed. I went back to Iran two more times subsequent to that. But I thought how fortunate he was. He had it all. And then, of course, you'd see the poor people, and you went to see the jewels, and I was still wide-eyed while recognizing the difference between wealth and poverty with no middle class, really. But upper middle class, and all of the relatives. It was a great history experience and a great cultural overview of what a country could do to people.

Then, as I said, I went from there on to India and Hong Kong and home. But those were fabulous days, experiencing travel and what happens to regimes.

LaBerge: You'd always had an international interest?

Hemphill: Yes. This is '69, I had been traveling out of country from '58, because I first went to the International Transfusion Society meeting in Rome, and that was '58 or '59. That was my first out-of-country. Then did France and Italy and the Netherlands, just central European countries.

Godmother to Central American Blood Banks

Hemphill: In the early sixties, I was invited to be the godmother to blood banks in Central America. Charles did not go with me in '58; he was at sea, on sea duty. But I went in '58, and later he and I did a trip with the director of the blood bank from Managua, Nicaragua. He met us in Panama, and we drove through Central America, visiting all the blood banks there, in Panama, El Salvador, Honduras, Nicaragua, and Costa Rica, visiting hospitals and blood banks. Of course, we had academic experiences along with the people in those countries, because they were just starting blood banking, you see. By that time, the late fifties, it was already more than fifteen years for me, from '41 to '58. So my experiences were of interest to other countries.

I want you to know that in doing that, I think I've said it before, the invitation came from the countries, but I paid my own expenses, as did my husband. We traveled with another couple from a blood bank in Miami, Florida, so there were that couple, Bernice and Charles, and the director and his wife.

LaBerge: Do you remember their names?

Hemphill: Dr. Perez Cassar. [spells]

LaBerge: Were you giving lectures and advice?

Hemphill: Yes, and in small meetings mostly, in one case, to the medical society in a country. That was a great experience. We went in Dr. Cassar's van.

LaBerge: In this day and age, you can't go to those countries. I mean, you wouldn't feel safe traveling. So the fact that you've been there--

Hemphill: Traveling like that, in a wide-open space. And of course, look what's happened in Nicaragua and ever after. See, this was all pre-our involvement in Nicaragua. But the poverty was so awesome. In the hospitals, there would be two people per bed, and no modern equipment, and whatever they could get from anyplace else that they could afford. Yet there was the very wealthy and the very poor. Not much middle class, even in that era. It was heart-rending.

Weather-wise, it was a wonderful trip, it was a learning experience. I think it ties in with having done so much international travel, why I have no racial bias. Seeing the way people live with their privations, for me, has always been a reminder of the benefits and the advantages we have in our country--though we have poor, with a very low economic level--we're talking about the ultimate in poverty, in disease, and no education. If I were to go back, I'm sure there are many improvements, but it would still be so much of the same of what we saw. And the bed linen--when do they wash it? A lot of things like that, totally generations behind the United States.

Though we [the U.S.] were giving some economic aid, it never, ever got down to the hospitals, or to the medical sphere, except what a nonprofit organization from this country might have as surplus, or some of the relief agencies would send things in. But what would be sent, in relationship to the need, was infinitesimal. It helped, but it was not anything like the needs.

More on Networking in Blood Banking

Hemphill: I traveled extensively in the United States and internationally, all in relationship to blood banking. I really didn't take holiday trips abroad or anything. I don't mean this in any boastful way but I always brought something to the blood banks, or met with them, because many of them could not travel to our annual meetings each year. They could go to a transfusion meeting somewhere in Europe--that was easier for them--but it would be a great treat and experience to be able to come to our country for an AABB annual meeting.

But obviously, by having this national organization whose standards and criteria and protocols were of the highest, it spread. Their manuals, their standards, their technical manuals, their other administrative codes--as we would want a new edition, we would send out editions to other parts of the world who could not afford to buy our books.

I don't know how to better explain this networking of blood banking. It started from the beginning. Hawaii at that point was a territory to the U.S., and the West Coast, of course, was closer, so that once I came back to San Francisco, we kept in continual touch with what was happening in Hawaii. As I mentioned before, Dr. Pinkerton, Mrs. Bond, and others from Hawaii would come to the annual meeting in many instances at their own expense. But that was not usual for personnel from hospitals to have that freedom or budget to travel.

It dominated my thinking throughout my life--that's why I really like the song so much "We Are the World." I think it should be a part of an international anthem, to make people aware of--yes, take care of home first, but you also have an obligation to do everything you can for people in need in other parts of the world.

LaBerge: It's part of your philosophy that our blood is all the same, that we're all connected.

Hemphill: Yes. Somewhere that has to start at the beginning, and at the end, because for me, for over fifty years, this has been my feeling. I can get more upset at a friend of mine, or would-be friend of mine, that has done something which I don't approve of, than I can anybody of some other culture. I just think it's inexcusable that we cannot be more thoughtful and considerate of each other.

AWIU's Scholarship Program

[Interview 16: November 29, 1995] ##

LaBerge: Tell me about the AWIU scholarships.

Hemphill: At the time it was very controversial, because they envisioned an academic scholarship for one scholar from another country, towards the bachelor's or higher degree, a master's. The first one was $10,000. The scholar was from Czechoslovakia and she got her master's at George Washington University.

I'm not against that kind of giving program, but I feel that the most important way our organization with its limited funds can pursue and have international relationships is by bringing women from other countries who are in business or in the arts, and want to see how small business works in America, or how the arts function in our country. I think we should do more of a hands-on which in turn enhances their knowledge and

makes them better able to network when they return to their own countries with colleagues in similar circumstances. In other words, learning the American way first-hand.

So that became a very great controversy in our organization, because that's what people thought. Our next student came for two months from the All China Women's Federation. I feel that the scholar should be in some way associated with an organization or an entity in their country so that it's just not a solo situation, but rather that they can then be identifiable in their country or in their region as having been the recipients of these awards, and that in turn what it meant to them. So they're goodwill ambassadors, really, as much as giving first-hand information on what they learned. Anyhow, those are two brochures. [motioning]

LaBerge: Now, are they chosen--

Hemphill: There's a scholarship committee now. I was chairman of it for a long time, and a woman physician has been in charge of it, Dr. Margaret [Ann] Storkan. She has been very effective and committed and dedicated. I guess we've had now about seven under her chairmanship, from various countries, France, Australia, China, Lithuania, and so forth.

LaBerge: So now, is it not an academic scholarship but an exchange--

Hemphill: As of now. Now, it would not necessarily say no, but I think the highest one we ever gave was $5,000. But when these scholars, would-be students, come to our country, they often receive home hospitality. They're given that amount of money, but whatever pocket expenses they have are not very excessive, because they're entertained by AWIU members. Whether they're in Los Angeles or Santa Barbara or Chicago or San Francisco, the members are eager to show them multifaceted America, with the social as well as the professional and business and cultural experiences.

Moscow Conference, 1969

LaBerge: Last time, we began talking about how you got involved with the American Women in 1969. We didn't get back to Moscow for the American Women conference, so let's talk about that.

Hemphill: Okay. I went back, to Moscow, and we visited Moscow, Leningrad, Samarkand, and Tashkent. We met with women of various professions in all those communities, and that was

under the aegis of the Soviet Women Committee. They were very receptive and hospitable. We learned a great deal.

In that era, we were all, as women, very interested in fashion as well. As one example, we had a fashion show at the hotel where we were wearing our own clothes, and a few things that we brought from the United States. I guess, one would say that we were very fashion-oriented. And what we saw there and what they did was incredible and awesome, because we would see sable coats! Where they found all of these or how they had it, but it was a show extraordinaire that left us feeling like tender loving hands had done the sewing, or that we had made our own dresses or so forth. [laughs] I don't mean to exaggerate, but Paris could not have produced anything more professional or more elegant, and I guess my word is not just gorgeous, but "gorgeriferous." Anyhow, that was just one little example.

We had meetings where we'd sit around a big table, and we would be greeted by the president of the Soviet Women's Committee, who would then introduce her colleagues. We would each introduce ourselves as to our profession and our interest, and our leaders would mention what the goals of our organization were. Bernice Behrens was the founder, or had the concept, the idea for the American Women for International Understanding, because she had traveled extensively with her husband, Squire Behrens, the political editor for the *San Francisco Chronicle*.

They had traveled there in 1968--or earlier than that, I guess, probably in 1966 or '67. There had been an AWIU delegation before the one I was on in '69. That was sort of a breakthrough delegation in '68. At that point, we were not organized as a nonprofit organization. It was a group of women traveling to a country for the purpose of women-to-women professional exchanges. I learned that the 1968 experience was very satisfying, and of course, our '69 trip was.

In doing delegations, it's more than just us talking about America. It's really a caring, sharing, giving, receiving relationship, I always use the term that more than anything reminds me of the song, "Getting to Know You, Getting to Know More about You." There was always a sort of reserve and sometimes barriers and a hold-back when you don't know people very well, a sizing each other up, if you will.

And that's true for our delegation: it means that we too are learning to coexist and to travel and be considerate of our own group. It's not, "I want to do what I want to do when I want to do it." It's regimentation to a degree, and one has to

minimize one's own self-interest about what one is going to do. If one wants to go shopping and we have a program planned, the first obligation is to do the program.

So it's a very great coexistent situation. You learn a lot about your own fellow travelers, as well as getting to know more about your hosts, hostesses, and the people in their particular organization.

We visited museums, hospitals, schools, factories, just a very broad-based experience of what women do every day of the year. We learned so much about their experiences; because they lost so many hundreds of thousands of men in the war, women were doing much more hands-on and very menial work--the home, child rearing, construction work, trucks, sales--multi-roles that individual women were playing. The sadness of people in that era--we're talking about '69--you're thinking about what happened in the war years. They would be in their forties, and it was a women's society. They were saddened. We visited memorials, cemeteries. We saw an entirely different life than we had at home, unless we individually had the personal experience of losing a brother or a husband or someone very close to us; it was not anywhere near as many or as substantive here. The stories that these people were telling--there wasn't one woman that wasn't affected in some way by the lack of a loved one. It was a very impressionable visit for me at that time.

LaBerge: The Soviet society was still pretty closed then, too?

Hemphill: Very closed. There was a concept of, in a way, our thinking that we have something to show and to offer and to teach, and on the other side, they were so reserved and did not necessarily want to unburden all their problems, but show the best of their country. That's only natural. Certainly we could observe their home life and daily life and the things that they were not able to have that we had. It was also an experience of looking at ourselves and saying, "Oh, my, why do we complain about anything?" A very human experience in those early years. We spent about twelve days in the Soviet Union.

LaBerge: How big a group were you?

Hemphill: Let's see. I'm trying to remember--China is so much in my mind, but I think there were about thirty.

LaBerge: All from San Francisco?

Hemphill: Mostly the Bay Area, but some people from the East Coast as well, because Bernice Behrens would have known people from

other parts of the country that were with us. But it was about thirty.

LaBerge: Did you get involved, for instance, by her invitation?

Hemphill: Yes, she had a brochure developed that she would give out to various professional women, not in any one organization, but rather, "I'm doing a trip with a travel agency to the Soviet Union, do you want to come along?" It was given to me. As I remember, this was during the Nixon years, and we were having a meeting in Kansas City. I was there as one of many Republican women that had been invited to be on a women's committee for Nixon. You go at your own expense, and you meet other women, and you're all trying to help elect the president.

This was in '68, and Bernice had just returned from the first delegation to the Soviet Union. She said, "Now, next year we're going again, and so I'm sure you want to go." Well, as fate would have it, the International Blood Transfusion Society was going to meet in Moscow. Bernice had a brochure from her '68 trip, and so I thought, Well, I'll keep that in the back of my mind, and if it works, so be it. As I said, the timing wasn't exact, it was two weeks or more between these conferences, and that's when I went down to Greece and holidayed with my husband, and came back to Moscow. So that gave me the 1969 trip.

When the other women returned home, I went around the world by myself.

Aside on the International Blood Transfusion Congress, 1960

LaBerge: And we talked about Afghanistan.

Hemphill: Afghanistan, Iran, and India, and then home through Japan. I had already been in Japan before. I don't know whether I ever covered that, did I? The 1960 International Blood Transfusion Congress?

LaBerge: No.

Hemphill: Well, that was my first trip to the Orient in 1960. And it followed the American Association of Blood Banks' first venture west of Chicago or the East Coast. I was in charge of the meeting for the American Association of Blood Banks, and I had extended the invitation with Irwin Blood Bank being the host. I had extended that invitation to the board of directors of

AABB in the late fifties, and if you recall, I was treasurer at that time and on the executive committee of the board. So sort of reluctantly, they accepted it, but you have to understand that it was so far away, as far as the East Coast people were concerned. [with humor] And after all, the sun rose and set, and it didn't do anything for the rest of the world except on the East Coast.

LaBerge: Yes.

Hemphill: And that was really the mentality in blood banking, that no one will come. Anyhow, I persisted, and the meeting was planned for August in 1960. The two men who more or less coordinated the meetings for the American Association of Blood Banks and in charge of technical exhibits and getting the companies that manufactured the products that we used in blood banking--would they come this far west? And in addition, would individual members that worked in hospitals or in nonprofit community blood banks spend that kind of money to come this far?

William Kyler was the chairman of the exhibits, and his great associate was W. Quinn Jordan of Arizona. They decided that it was all wrong, that there was no way people were going to come. Today, you plan a convention years in advance, but way back then, you were mailing memos to people to come, and you were sending from the American Association of Blood Banks, the office, handwriting the invitations.

As fate would have it, almost 600 people came. At that period of time, when we were in Chicago, or in New York, at best maybe there were 1,000 people; on the East Coast, you'd have a lot more international people. But we had people come from Japan. The International Society had planned a post-meeting to Japan. That was part of the carrot, if you will, to say to our members, particularly physician members that could maybe afford to do this, and there were others, "Come to San Francisco, have this meeting, and then go on to Tokyo." It worked.

I had meetings very well organized. I'm not saying that in a boastful way, but as an example, I worked with the Parks and Recreation to do a planting of our logo in the park, right by the Conservatory of Flowers, with our logo and the American Association of Blood Banks. It was opening week for the Jack Tar Hotel. We had the meetings there. Also, the opening reception was at the Palace of the Legion of Honor, which was an absolute wow!

LaBerge: You're getting it all organized. This is wonderful.

Hemphill: I decided that for the banquet, we would have international night. By then, 1960, the International Blood Transfusion Society, which I had attended, was in existence, and maybe some of those members would come, and so we would have an international fashion show, costumes from all the various countries. We approached the ethnic groups in our city, and also Bernice Behrens had a wardrobe of various international costumes that she had bought or had been given to her. We did that with Paul Spiegel, who was a journalist and a commentator on the radio; he was master of ceremonies. So we planned that.

All of this was planned--that's the social aspect. Professionally, we had many people from the hospitals here and the university and the business community that were speakers, so the program was left to the locals.

The most important part of all of this is that prior to this meeting, the banquet always had a speaker on the subject related to blood transfusions. You'd have dinner and so forth, but then you'd still be in the same subject, so you didn't have anything cultural or really social or fun--this is an absolute tremendous change that happened. The people who came and brought their wives--there weren't many wives who brought husbands [laughs], there never is. It was a very male-dominated organization at that point.

Anyhow, they came, and the banquet was a smashing success. It was just talked about forever and a day, and from that day forward, no banquet ever has had a speaker. Forget it, it's after five o'clock, and you're going to enjoy each other, have fun and laughter and music. You need a break, when you sit from eight o'clock in the morning straight through until five at night, speaker after speaker, and multi-subjects to choose from, I mean, it was a very great difference.

And at that time, our new blood bank building was only about five years old. That was, quote, an eye-opener for many people from other parts of the country. It developed a lot of interest in blood banking and architecture and construction and equipment. It opened many new horizons as a result of them coming west.

Subsequent to that, our meetings were all over the country. We then did a variety of cities.

LaBerge: From there, you went on to the Japanese--

Hemphill: From that meeting, I went on to Japan, and attended the International Society conference. And then from Japan, I holidayed and went to the Inland Sea, to the southern part of

Japan, to Kobe and Nagasaki, and to very remote areas of Japan by train and by sea, by myself. At that time, most of the people who lived in these far areas, did not see many Caucasians, particularly the children. The children were so special and precious in uniforms in the early grammar school years. They were wide-eyed. Then as you get on the train and off the train, you know how formal Japanese are, but they were all amazed--"Look!" And then point to my eyes, because they were blue.

I don't mean to call attention to myself by this comment, but it was so amazing to the Japanese to see your complexion and your eye color. It's so hard to believe, in 1960, thirty-five years ago, that you could still be--

LaBerge: So different.

Hemphill: Different. Very.

After the visit to Japan, then I went to Thailand and to Cambodia, Angkor Tom, Angkor Wat--

More on First Trip to Asia, 1960 ##

LaBerge: Okay, you were talking about Cambodia and Angkor Wat.

Hemphill: In that time frame, we flew in on a single-motor plane from Thailand. There was another couple, a Dr. and Mrs. Retburg from Denver, Colorado, that were on the Japan trip and had made their arrangements to go to Angkor Tom and Angkor Wat, so the three of us by coincidence were on this single-motor plane and flew in to Seimreab, and found that everybody was very anti-American. It was awesome. They treated you rudely. We stayed in a hotel with all kinds of mosquito netting over the bed, very primitive. The food was the same, not clean. They just give you your food, throw it at you and so forth.

It was such a transition, to come from Thailand into this kind of animosity. At that time, as you know, it was occupied by the French. The Communists were infiltrating, and it's that era of time when nobody at home, other than the government, was aware of these problems.

LaBerge: This was pre-the Vietnam War?

Hemphill: Pre-war, 1960. I only stayed two days and two nights. At that time, if you wanted to buy a postcard, just a postcard would be

a dollar, and if you asked for butter, the smallest of pats, a dollar. Everything was a dollar, and at that point, you'd be astounded that you'd pay a dollar. It was an early period of seeing travelers, Americans.

I went to Hong Kong, Tokyo as we said, all the points of interest, Kamakura and the Nikko. While we were in Japan, that was a part of the trip the Japanese planned for us if we went on to their country. As I said, I went back to Tokyo, left the group and then went south to Kobe and Nagasaki, and then flew back, and went on to Hong Kong and to Thailand and Cambodia.

LaBerge: It's obvious in your house that you love artwork from Asia. Did it start there, or did it start when you were in Hawaii?

Hemphill: Being a third-generation San Franciscan, my family, my parents or grandmother, had some which I would call Asian treasures. So I had had the exposure to all of it. But I became so aware of and drawn to kimonos and the fabrics and porcelains, seeing them in such numbers, and ivory, things like that. In Thailand, the silks were awesome.

Fashion, Work Clothes, and Lack of Time

Hemphill: I remember walking to the Aerowan Hotel, and just walking to the Star of Siam, a silk shop. The French designer Pierre Balmain had come from France and had just done a fashion show, designed these clothes being made from Thai silk. I just wandered into the hotel, going to this shop, and the woman came up to me--is this of interest?

LaBerge: Oh, it's very interesting.

Hemphill: She came up to me and said, "Are you a size ten?" I said, "Yes." She said, "[gasps] We have some of the most wonderful clothes designed by Pierre Balmain, and wouldn't you like to try them on?" I said, "Oh, yes," but remember, here I still had a budget. I thought I had a budget. [laughter] I must admit that I can't remember what my budget was, but anyhow, I was just so hesitant about saying yes right away. Remember, I hadn't even looked. "Are you a size ten?"

LaBerge: Right, I'd love whatever you have. I'll take it.

Hemphill: Well, the end result was, I just blew it. I went overboard, and I must have bought five or six things that were all Thai silk, dresses, jackets, and/or a dress and a long coat to

match, in these gorgeous colors--sapphire blues and rose and gold. Of course, the International Transfusion Society or the American Association of Blood Banks would have dinners or banquets or cocktail parties, so I could say to myself, Well, this will take care of me for the next two or three, four or five years.

But then I bought some practical things like Thai silk in just plain, very subtle, black and white designed suits that you could wear to work. At that time, we were getting so many lectures and speeches and talks before state associations. Well, in any event, I bought a wardrobe of at least five or six different costumes. It was just magic.

I still have jewelry of semiprecious stones, a medallion, and a ring, and earrings. I bought for my husband a star sapphire ring and cufflinks and a tie clasp, saying to myself, Well, I bought all these things, but I hope he'll like these things. [laughter] I had to do that, and for my father, and everybody in the family--I just thought, [gasp] how will I ever pay for these--I spent all the way home thinking to myself, But they're such bargains, they're such bargains.

LaBerge: You don't know if you're going back again.

Hemphill: I don't know when I'll ever go back. A whole new world opened. Other friends of mine were in Japan at that time. I would see what they were buying and collecting, so it wasn't just Thailand that I lost [laughs] my mind about everything, but it was also in Japan, and Hong Kong. It was like a child at Disneyland for the first time. It was awesome.

I may be being exaggerative about all of this, because when you think about how inexpensive everything was, that if you did forget your budget--all I can say is, I never regretted it.

LaBerge: Good.

Hemphill: And I didn't miss any meals as a result of being extravagant. But oh, so happy. I think this sounds kind of silly, doesn't it?

LaBerge: No, it doesn't, because I was going to ask you a question--I just wanted to address the issue of, not necessarily fashion, but maybe that is the word. You're always exquisitely dressed, and you must have been exquisitely dressed at work too--you just have wonderful taste. I wondered if there was a dress code or something like that at work? Or this is just your taste?

Hemphill: No, I think it's just my own individual likings, really. But up until '82, even '84, '85, at all our meetings, people--the women and the men--really dressed. Always tie and jacket, and it wasn't until, I would just say about '84, '85, that the whole dress code started to change in business, in our professional life. We all dressed to the hilt in that era.

But I think it goes back, though, even to my growing up. My mother always was well groomed. In fact, just in her nineties, everyone would comment that she'd get up in the morning and dress, and always go downtown with gloves and she did shopping for me.

LaBerge: Oh, she did?

Hemphill: Oh, yes. It's hard to believe. I get into these social experiences, but I worked fourteen, fifteen hours a day, when I was at home. You had to do that, because when you were on the road, you were also working for the projects that you were involved in, whether it was in administration, in leadership, in writing manuals, and the clearinghouse program, trying to coax people to join, all of which took correspondence, brochures, pamphlets, protocols--I mean, I was always writing or dictating or working. Mom was ideal in that she would see things and buy them, and they would just be perfect.

LaBerge: And send them?

Hemphill: Well, bring them--I was here, after all, when she was here. So she'd just bring them home. So I never had to shop.

LaBerge: Oh, that's great. And you had the same taste.

Hemphill: Yes. My mother would always go to luncheons, and she was very social, and she would be downtown, because after all, that's where most of the action was. So she would just go to--we had so many more stores, and so many more specialty shops, like Caroline Kelsey and--what were some of the others? What now are called boutiques. But it wasn't off the rack, it wasn't everybody wearing the same things that we see today, and of course, pre-jeans, pre-all of that. It was a different era.

And of course, they had the Hollywood movies in that time.

Anyhow, that's how I would have my wardrobe. My mother and I were like sisters, very compatible. When I was in town or on occasions, we would do things together, or she'd come to the house and have dinner.

AWIU Meeting in Egypt

LaBerge: Why don't we go back to American Women for International Understanding? We had the '69 trip to Moscow, and then I have written down Egypt and Turkey. Were those two other meetings?

Hemphill: That was in '71. I flew to London, we routed through Lebanon, went to Tel Aviv, and then to get to Egypt we had to fly back up to Cyprus, and then come down to Cairo. That was the conference with the leading women in Israel. At that point, we were apprised, it seemed for me the first time, about the Palestinian situation. Abba Eban, the diplomat, gave us an individual briefing, and there were, I guess, about twenty-five of us on this delegation. We felt very privileged that he would discuss the Israeli-Egypt situation with us. Or the Middle East; let's call it the Middle East situation.

After that trip, we went up to the Soviet Union, '71, and I was with this group. In Cairo, I was with two journalists, two women that were members of the delegation. One was Ruth Miller, who was the People editor for the *Chronicle*. She is now deceased. But she and Emily Walker from the newspaper in Tacoma, Washington, were held back because we could not get visas for them.

LaBerge: Because they were journalists?

Hemphill: Because they were journalists. So we, the main delegation, left, and since I had been to Moscow before and it was on my passport, I stayed behind and tried to help them with our embassy in Cairo to get clearance. We stayed two days longer in Cairo while I was working with our embassy people to get Ruth and Emily cleared, and then we went into the Soviet Union subsequently.

Jehan el Sadat

LaBerge: Is this when you met Mrs. Sadat?

Hemphill: Yes, in 1971. That was our first experience where we had--not all of us met, but some of us did. We were a smaller group that met her. We were awed and thrilled, and it was a very great experience. We met subsequently after her husband's death in Washington, D.C., and then we became very close personal friends, to the point that we visit in each other's homes, and I have special events for her, and vice versa. We

have a very warm, loving friendship, and she is such a great lady.

LaBerge: How did that come about, that you and she became such good friends, that you even had the time?

Hemphill: She came to live in Washington, D.C. As a result of being involved with the American Women, you become associated with the ambassadors, their offices, the consulate people, and so I met Jehan when she was residing in Washington after President Sadat's death, on various occasions. And it was just a great empathy.

Probably my work was something that interested her, when you think of her seeing her husband assassinated. And then we had many mutual friends. One of her very best friends is a Dr. Sobol, who was her friend and mine. One of the times I was in Egypt, I was at the blood bank, so therefore, that was another dual, parallel, friendship. She was very good to me; they both were. That's how we became friends. She's always been on that coast, but every time she comes here, she lets me know she's coming. Earlier this year, I flew--she was here for the commencement address she gave up at the college at Tahoe--. And gosh, I always have a blank with this name. We'll come back to it. But anyhow, she gave the closing address and called to say she was coming, and maybe we could meet, so I flew up to meet her. She was there officially. We attended the commencement, and she gave a wonderful address, and then we were at events together. We had a special dinner, just she and a friend of mine and the general who she has, sort of as security, with her at all times. So that was a very great experience.

LaBerge: So that was 1971, and then between the trips--

Hemphill: From Russia, USSR, I flew to Armenia and exited to come back home. I circled the globe again: Afghanistan, Iran, Nepal, and that was a very good trip. By then, I had blood bank friends in India, so I would stop off, and then come on through to Japan, and back home.

LaBerge: In between these trips, were there meetings of the American Women, too?

Hemphill: Oh, yes, always, locally or in L.A. In '71, we were still not incorporated, but we were doing delegations. It was called American Women for International Understanding, but it did not have any corporate or legal status as a 501(c)(3) organization. So in 1973, we convened and formed and incorporated in California into an official 501(c)(3) nonprofit eleemosynary

organization, and then I became the first president. I was president for about fourteen years.

AABB Growth

LaBerge: That's a long time.

Hemphill: Well, we were growing, but so much of it was because I did this work out of the office, and along with this I was treasurer of the AABB, and I was secretary of the California Blood Bank System.

LaBerge: And then you were president of the AABB in '75-'76.

Hemphill: Yes. But I was on the board as treasurer from 1949 to 1974, because '74, I was president-elect, and '75-'76 I was president. I stopped being treasurer in '73, I guess, because I was president-elect in '74.

LaBerge: Those are a lot of hats to be wearing at one time.

Hemphill: All during those years. Really. The national office had started five district offices in the country, so it was by telephone and by personal visits. I was really in charge of all the offices because our national organization had an office manager, but we really didn't have an executive director or managing director or anything during these years. It was about '69 that we hired an office manager, but then when we moved to Washington, we still kept the Chicago clearinghouse office.

Then the title executive director was given to a retired military officer, Colonel Ben Peake. He had a lot of knowledge of the military, the Red Cross, how to operate or function in Washington. He was our executive director. I don't remember when Peake left.

Lois James, who did tremendous things, was hired before Colonel Peake. Lois was called office manager and started an office in Chicago. So that was that. But I was in charge of the district offices, because they primarily did clearinghouse work, or would give P.R. about the organization, but--

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Hemphill: We opened an office in Washington to be a liaison with the offices of Red Cross, the government, National Heart and Lung,

Bureau of Biologics, which is Food and Drug Administration now. All of those entities were beginning. Ultimately, we closed the Chicago central office and moved it to Washington, so that Ben Peake was really in charge, and Lois was still sort of like office manager. But then when Ben Peake left, Lois became the executive director. He left primarily because of salary. We couldn't afford to pay or wouldn't pay, so then Lois became the executive director. More money for her, but less money than we could pay to him. Gosh, I just get so upset when I think of how much I've forgotten.

LaBerge: Oh, but you remembered so much. You're giving me details about Egypt and Moscow and the embassy. Well, after the Egypt conference, the one in Turkey?

Hemphill: No, that was much later.

Special People in AWIU

LaBerge: Tell me some more highlights, then, of the American Women, when you were involved.

Hemphill: It was very exciting to feel that there's a whole big world out there. Now, there were delegations that I did not go on. In other words, like Ruth Miller, because of my work and my commitments, I couldn't. And not that it was necessary that I go, but I had the opportunity. But Ruth Miller led a delegation, about ten, to Cuba. That must have been in the sixties.

LaBerge: Early sixties, you mean, before it was closed?

Hemphill: No, it can't be. Sorry, in the seventies. Seventies, because the group we formed in '73. So that must have been in '74 or '75 we did that.

Then in the meantime, we were inviting women from the Soviet Union to come to visit us, so they came; there was a group that came in '71, and then again in '72 or '73. Then we would do the same sort of thing for them, introduce them to many other American women outside our own organization, and entertain in tandem with other groups that would have interesting speakers, again home hospitality, and events in their honor. So every year, we would have one or two delegations going to some other part of the world. And of course, China was '73.

LaBerge: And you went on that one?

Hemphill: I went on that one. The people who led that were Mary Ripley and Caroline Camp. I think these people should be identified. The delegation in '71 to the Soviet Union also was Caroline Camp and Mary Ripley.

LaBerge: Are they from the Bay Area?

Hemphill: Mary at that point was from Los Angeles, and Caroline Camp was from Hillsborough. Caroline Camp and Bernice Behrens were very great friends, so Caroline Camp was on the '68 and on the '69 trip. As I said, so was Mary Ripley, on the '69. And then in '71, those two led that other delegation.

In '73, great, great credit must be given to Caroline Camp--deceased at a very young age, under forty when she died--but she did a masterful strategy in negotiating for the American Women to be the first women into China. She worked through Canada, spent a lot of her own--I guess you'd say she and her husband spent money by making trips to Canada, all kinds of wires, correspondence, everything, to be able to get visas to go. She and Mary Ripley, but almost singlehandedly, she really was a cause célèbre. I think there were fourteen of us, and a goodly number of women from Washington, D.C., a woman that was head of the U.S. Civil Service, Jayne Spain.

And Virginia Knauer, who was head of Consumer Affairs when we were first hearing about consumer affairs, with Ralph Nader challenging whatever. Virginia Knauer was a Nixon appointee. And Esther Peterson, who was consumer affairs for the big grocery chain in Washington, Giant foods. These were all women that were appointees in government, the first women surfacing to be identifiable nationally in their roles. And then Alison Stilwell Cameron, who was actually very beloved. Sorry, I'm back into the China trip.

AWIU Trip to China and Alison Stilwell Cameron

LaBerge: Yes, we're in China.

Hemphill: So for the Chinese, she was really the only known personality. Her name is Alison Stilwell Cameron, now deceased. Alison Cameron, but she always used Stilwell Cameron. Stilwell, to almost any Chinese, was exceptionally appreciated and beloved. And she was that type of person. She spoke Mandarin fluently, of course. She was an artist, very aesthetic, kind, loving, gentle, just a fabulous woman. She was magic on our trip.

We did Shanghai, Beijing, Soochow, Jinan, Kowloon and this was all planned by the Chinese. We paid for our transportation and so forth, but we were their guests.

Then two years later, we were invited back as guests. We just had to pay our transportation to the country, and everything was paid for by the Chinese Friendship Association for people from foreign countries. And that was absolutely the best of everything. Oh, this is a story I must tell. Of course, what I wanted to do was to visit a blood bank. Alison Cameron wanted to visit the hospital where she was born, because she was born in the Capitol Hospital in Beijing. So that was our cause célèbre, if you will, of things we wanted to do.

We met with Madame Chou En-lai. She had her own name, and I can't remember it. Anyhow, she greeted us in the Great Hall, and there was still ruminating and roaming around.

The interesting part of this trip for me was that at the end of '72, Dr. Dudley White, the eminent heart specialist from the East Coast, had invited a group of physicians as guests of the United States, and at that time, I met a Dr. Wu. They came to San Francisco. They were on the East Coast, came to San Francisco on their way home. They came to the blood bank and the medical society as part of the experience. Dr. Wu was a surgeon.

I remember saying to him, I was just a person in this group, "Oh, one day I would just love to go to China. I like everything about China. I am an Irish Chinese." [laughter] Anyhow, so that experience--never in my life thinking I was going to be going to China at all, but it was in '73, approximately six or eight months later. It shows to me, expect the unexpected, fate, whatever. So that was another point, that I would like to meet Dr. Wu again.

So this is what you would write down. Then your leaders would try to work it with the Chinese representatives, but you never tried to speak to the Chinese yourself. It was done through channels. So what I had asked to do was to visit the blood bank and to see Dr. Wu.

Well, it came to be two days before we were to leave that we went to the hospital. We were all so excited, just Alison and I. They said they were sorry, but Dr. Wu wasn't available today, and that the blood bank was very busy, and that we couldn't see the blood bank. We sat there, we waited for two hours, and though they got permission to go, it was obvious that behind the scenes, they were [sccch, psst] How do we keep

these people--how do we get rid of them, and so forth?

Our group had gone to the zoo to see the pandas, so this was a great sacrifice. In a way, we wanted to be at the pandas, and we also wanted to be at the experience. Anyhow, we left, because after two hours, no way. Well, we were dejected, but it's now two days before we're to go.

You never knew what you were going to do next. You didn't get--

LaBerge: An itinerary?

Hemphill: We just never knew. We would go to a factory, we would go to a commune, we would do all these various things, but we never quite knew what we were going to do. But anyhow, it's now the day before we're to depart, and we're at a factory, and we are told that we are going to meet Madame Chou En-lai, in the Great Hall. Imagine, us. I mean, little women, if you will--never was there a women's delegation from the United States that got to the Great Hall.

So we came in, and guess what? We sat in the same chairs that Kissinger and Nixon and everybody--and they told us. But it was just exciting, don't you think?

You sit in these huge, overstuffed chairs, and then right by is a table with candies and cookies and tea. It's just so special, the way they do things. [interruption] So the niceties are all there. She spoke to us in Chinese, through an interpreter, for three hours, on the Long March, what it was like under occupation by the Japanese, what befell them and their families. She of course was on the Long March with Mao and the group, and she relived all of that for us.

After about an hour and a half of that, she stopped and got up from her chair--we were in a big room--and walked all the way across the hall, and the interpreter said, "She has to go to the bathroom." [laughter] Madame Chou has to go to the bathroom. She came back and picked up just where she was. But I mean, the informality of it was incredible.

Then she said to us, more or less toward the end of all this, "Now, we've been able to show you some of the things which you've wanted, and others of you have not been able to see what you wanted to. But the reason we have not done it, it's because we are not modern, we're not like your country, we are a Third World country, we have a long way to go, and some of the people would have been embarrassed. But anyhow, I know you want to go, so it's been arranged that you will go."

LaBerge: To the blood bank?

Hemphill: To the blood bank, and to the hospital.

LaBerge: My goodness.

Hemphill: Just the grapevine, you see? We were not treated right the day before, or there was some hitch, whatever, but she knew about it, and they wanted to please us, and especially, I think, because it's the same hospital where Alison was born. I want to come back to that, because now we're still with Madame Chou En-lai, so she said, "But you will have your appointments before you leave the country." We were leaving late the next day or something, so it was arranged that we go back the next morning.

But after she finishes that, she says, "And now, we value friendship very much, and we know that one of you," and with that, she goes like this to me [motions], "wanted to see Dr. Wu," and with that, he comes across the room.

LaBerge: Oh, my goodness!

Hemphill: Came across. I'm so flustered, I don't believe it, and kind of teary-eyed, to think of having this tremendous experience. He was the chief surgeon and the physician to all of the government officials, you see, because he was such an outstanding surgeon and outstanding Chinese physician. As far as they're concerned, he's the upper echelon.

So then I get to see Dr. Wu, and the next morning we go back to the hospital. Alison gets to see her birth record, the time her mother entered the hospital, what time she delivered, all went well, and just everything, and she could read all of it, because she could read Mandarin. And I got to the blood bank. Well, it was very small. They collected blood in bottles, small bottles, because they only collect a half a pint from their people. They paid most of their donors, or gave gifts or presents to get them, because it's not a readily adopted procedure in China at that time, blood banking was very primitive. But in Beijing, being a capital, with all the embassies and people from all over the world headquartered there, obviously they were trying to modernize medicine and surgery very expeditiously. So maybe that's the part where we should--

LaBerge: We'll end, okay.

X OVERALL IMPRESSIONS

Letter of Inquiry about the Red Cross, 1980

[Interview 17: January 15, 1996] ##

LaBerge: Okay, this is January 15, 1996, and we're going to go back to the Red Cross suit and kind of wrap it up and have some information that we didn't talk about. We have a letter here from Chris Burns to David Zimmerman.[1]

Hemphill: Who was then a writer on the East Coast that heard about this and was interested in the suit, the reason for it, and was making inquiry. So that's really what that relates to.

LaBerge: And this was after the suit was settled, 1980? The letter of Chris Burns.

Hemphill: Let's see. Yes, I guess it must have been. But though it says, "I will keep you apprised." I don't think we gave you the date that the suit was settled, did we?

LaBerge: We had this piece, the settlement, which you have given me. It's January 3, 1979, that it was settled.

Hemphill: But the way this is written, it's possible that Mr. Zimmerman was going on further or had other reasons to want to know more about it. Except it says, "I hope as more information becomes available, I'll let you know." So if this is July, 1980, and the settlement was January, 1979, Mr. Zimmerman was interested in more follow-up for some other purpose or reason.

But in looking at this document, it lists the American

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[1]See Appendix.

Red Cross, its honorary national headquarters in Washington, D.C., its honorary officers are President Jimmy Carter, the treasurer [secretary of the Treasury], [Michael] Blumenthal, and Counselor Griffin Bell, attorney general. We're talking about cabinet members that play a very dominant role in the--I guess one would say organization, or the fiduciary responsibility for the Red Cross.

And then it names the chairman of the board of governors Frank Stanton [chairman of American Red Cross], and then there are four vice chairmen. And then the board of governors has Cyrus Vance, secretary of State; Dr. Harold Brown, secretary of Defense; Joseph Califano, [Jr.], secretary of Health, Education and Welfare, and more and more personalities.

I had said in earlier transcripts that the American Red Cross would choose to stir up problems for the Irwin Memorial Blood Bank. It was obvious from that newspaper clipping that their medical director from the San Jose center and also another physician from Stanford, who was a great friend of this medical director, were involved in challenging and publicizing--they provided the materials for the lawsuit. The state of California would not have had anything that specific.

I want to be certain that it's very clear that we were inundated and challenged by the fact that this was a national organization that had blood centers all over this country, and wanted to have, by my experience and so forth, a monopoly. If you recall, I said as early as 1948 and '49, the Red Cross decided it was going to go into civilian blood programs. They called on us at that time, and we were told that, quote, we were on borrowed time, because it was intended that there would be a national program with free blood, sponsored and operated by the Red Cross.

LaBerge: Tell me again who Chris Burns is in relation to you.

Hemphill: He was the CPA that was an assistant--someone I asked to interpret and find out more specific information on the finances of the American Red Cross, because though the suit started locally, it was against the Irwin Memorial Blood Bank, the American Association of Blood Banks, and Bernice Hemphill. It became apparent that it was because of the credit system and the fact that the clearinghouse program of the American Association of Blood Banks enabled donors to give blood in various parts of the country for friends and relatives that were receiving transfusions in other parts of the country; many of these family members would be in areas of Red Cross. We had had a national blood exchange with Red Cross, and they canceled that agreement, because at that point in time, they would

always owe us, and often could not make their settlements on a monthly basis.

So for them it was maybe a potential embarrassment, I guess one would say, and it was strictly business. Of course, when they would ship blood to us, we always gave them a processing fee for it. They wanted to be just "footloose and fancy-free" to do their aggressiveness anywhere they could, without being in any way impeded by any interorganizational relationship with the American Association of Blood Banks.

So actually, the focus was on Irwin; my many colleagues have called it at that time the "mother ship," because it was the first. It did represent the ideal and the philosophy of the donors who were supporting the blood program, that there should be blood at less cost, rather than someone that would just accept the transfusion and then not even say thank you or replace it.

It ties in with what I've said many times throughout this history, about individual responsibility, whether it be financial or otherwise. There should be a focus on people who are receiving blood, who should be asked to try to provide donors in order to keep the supply refurbished, replenished. Today, there is not a financial incentive, but blood banks all over the country are giving t-shirts and ice cream and all kinds of would-be incentives or goodies, because the blood supply is still not anywhere near adequate at all times of the year.

To wit, I mean anyone in this region of the country within the last six weeks has heard on television and newspapers and channel programming, "Give blood, we need it." The holiday time. So we still do not have in the blood banking profession a panacea or the answer to have an adequate blood supply of all blood types on a daily basis. There are the highs and the lows, the adequate and the shortages.

LaBerge: Well, talking about this letter of Chris Burns, who was David Zimmerman who was writing to him?

Hemphill: I believe it was a writer on the East Coast that had heard of the lawsuit, and perhaps was interested in doing more follow-up relative to large organizations, and had some probably personal reasons for wanting to know more about the role of the Red Cross, and what information did we have.

LaBerge: So this is good information to include, because of what it lets us know about the Red Cross.

Hemphill: Well, I think in order not to just make it so--too much copy, it could be extrapolated.

LaBerge: Yes, that's great. Okay.

Hemphill: Yes, I suggest you read that. And then the newspaper clipping that I just mentioned.

LaBerge: Right, which I have. I'm going to deposit it in the UCSF archives with the volume.

Hemphill: I guess if one has an experience like this, with front-page copy and not being aware that there was going to be a lawsuit, it's an astonishing, incredible situation.

LaBerge: Oh, it must have been.

Hemphill: To have to cope with for a period of almost two years, that prior even to depositions, asking for every possible record, going back through decades or so. I can understand when any government agency starts after you, how much it costs you in time or money or emotion or trauma; they couldn't care less.

LaBerge: Right, right.

Hemphill: And it's not any better today than it was then. Worse today, I guess.

LaBerge: Well, all of the other women I've interviewed, Arlene and Emi and Betty, have spoken about it the same way. And by the way, those interviews are wonderful, I think they will be a good addition.

Hemphill: It's more than that, I think. They'll probably be better than me.

Socialization at Irwin

LaBerge: All three of them mentioned the family feeling at Irwin and different socialization times that you had, for instance a Halloween party. We've never spoken about that. Could you talk a little bit about socialization at Irwin?

Hemphill: It was business, you know, everything was business, but the staff enjoyed outings, and/or having particular events, like a Valentine party, a Halloween party, the various times of the year. Any excuse to have some get-together, and it was always

a fun event. Obviously, nothing alcoholic or anything, but just coffee, tea, ice cream, cake, sandwiches, sometimes a lunch. Or particularly if people were going away, the department would have a lunch or in the late afternoon, since we had various shifts that worked morning and into late evening, then they would always be planned so that the day crew or the night crew would also be a part of it.

It was always fun, and they were always kind of humorous, and sometimes a costume, or a roast. We had good camaraderie. I don't mean to imply that everybody liked everybody else. I mean, it was a typical human relations organization. But in general, I would say the respect and liking and affection for each other was far more dominant than any interpersonal problems.

LaBerge: I think it was Betty who told me that she and someone else wrote songs.

Hemphill: Oh, yes. They would do a lot of that. A lot of people in the blood bank were of various ethnic groups, and talented musically. We had many people of Filipino, Spanish ancestry, and so many of those people are very musical. Whoever the honoree may be, or the time of year, they would write a song or parodies to certain well-known tunes. So this goes way back. It was paramount in the fifties, sixties, the seventies, eighties and still is today.

I think I mentioned before, but to reemphasize, as a health agency, we really stood alone in wanting to recognize effectiveness and interest in people who were doing more than they had to in their job. We had a bonus system: at the end of each year, the employee of the year would be chosen, and/or those people who had worked three years, five years, ten years, fifteen, twenty--I mean, we had categories of getting recognition by financial bonus, and modest amounts, but they made the blood bank work 365 days a year. It was motivating, we were always motivating.

In the seventies and eighties, we introduced motivating seminars, bringing in people that would teach the staff all the ways in which to relate to the public and to the donors, and to each other. So it was an educational series.

Motivation for Effective Employees

LaBerge: This would be more personnel relations?

Hemphill: Yes, our personnel department. So we were always trying for a oneness of purpose, as well as an appreciation of performance.

We had male employees--physicians, technologists, the custodial group--but it still was a very dominant women's organization in the management and in the leadership. Of course, Dr. Perkins was our medical director, their scientific director, and he had fellows on his staff, scientists who were fellows. But there was never a male versus female.

We had really so many employees that worked long tenure. Today at the blood bank, there are employees in the laboratory that were there when I was there in the seventies and the eighties, so the blood bank has always been, I think, focused and very considerate of the employees. We didn't have to read manuals on how to be nice to employees. I think we really played a very major leadership role.

On the other hand, if people were not carrying their fair share, or were trying to take advantage, or our personnel department or others felt that they were not representative of a personal humanistic service, or didn't have the right attitude with the public, or with their own employees, then it was brought up for disciplinary [review], or put on notice, or told that, quote, "shape up," or we would try to replace them. It was much easier to do it in the seventies than it could be in subsequent years, because you see, I always felt that you might accept mediocrity for a percentage of people that just do the job, but that for excellence and/or attitude that always wanted to do the best they could, the idea of everybody making the same salary and the same range of remuneration was very thwarting and impeding. You should always be able to strive for goals and be the achiever.

Now, these evaluations were not done by the personnel department. The supervisor of the department could make the nomination, or the employees themselves, to the supervisor. From the supervisor to the personnel department, and personnel department to the managerial group, and then finally my--

LaBerge: Yourself.

Hemphill: Yes. And they were all in writing. And the employee, if they were not performing as we felt, they were brought in for an interview.

LaBerge: With you, or--

Hemphill: No, mostly with their own supervisor and the personnel department.

There were only about two instances in my entire time that I had to meet at an eye-to-eye level with a couple of people who were defiant. It was in the era, probably about 1979-1980. This employee came into the office and I asked him to sit down, and he would refuse to sit down, would stand up, and looked down on me. At first it was an astonishing thing for me, so I just finally rose and said, "Well, since you want to stand, I'll stand. But I think our eyes can meet each other, and your ears could hear what I have to say. And I am telling you that, as far as I'm concerned, you are not being cooperative with your fellow employees. They resent you, and you are the most unpopular person in the department and in the blood bank. If you enjoy that, fine. Carry on. But you will not be advanced, and you will stay where you are."

LaBerge: And so what happened?

Hemphill: He stayed. He outstayed me. [laughter] But then he ultimately left, because he got into the isolation, in the sense that other people were not very nice to him. The employees shunned him then.

And then the other employee was not as belligerent, but nevertheless, it's not a pleasant situation. You see, one was a man and the other was a woman, but at that time, it was just when we were getting all this emphasis on affirmative action, and "my rights" and the "I don't like"--it was a personality situation. It was a work performance situation.

As far as the woman was concerned, she left.

LaBerge: Did you handle that the same way, saying, "You can stay if you like, but this is how it is"?

Hemphill: Yes. Because that's now '79 and '80--

Unionization at Irwin

LaBerge: The way to handle things. So you never had to fire anybody.

Hemphill: Yes, we did. In the seventies, there were people who had to be released, but it was much easier, because we had all of these government restrictions and state restrictions. It was at the height of it, really, that no matter what anybody did, you as an employer really had very little rights. I learned that, and under unionization, because it was in the seventies that the blood bank was challenged with the union. The hospitals at

that time also had technologists that were unionized, and nurses. They had their own organization, but also affiliated with the union, so that it infiltrated into the blood bank.

There were a couple of nurses who had come from Australia, where there was great unionization and socialization. So that's how it started, and at that time, I think we were paying under what the hospitals paid nurses, so it started in the nursing and then spread to the laboratory and so forth. So it was under those--well, there would be an election on the premises, and at that time one would become so aware of restrictions on the employer and what you could not do. But the employees could do, but what you could not do.

Then when you get to be specific, the head of the Department of Labor for the region would be an appointee, a political appointee.

LaBerge: You mean the California Department of Labor?

Hemphill: Yes. And of course, the prominent labor union was the Social Service Union, I think it was Social Service, and I don't remember the number, but--

LaBerge: Right, I think Arlene mentioned it.

Hemphill: She could tell you. Now I want to refer back to that. All of this pretty much was in similar periods of time to the lawsuit. We were being inundated with the lawsuit, and labor unions, and the Federal Trade Commission, the Antitrust Division--I mean, it wasn't just California started it, but from then, Red Cross being national, we'd have a visit from the Antitrust Division, we'd have a visit from the Federal Trade Commission, and then the labor unions, and then, say the district director or the regional director of the Department of Labor, who would be the management of this government's role, maybe a political appointee. But the other people that worked there all belonged to the government union.

LaBerge: That's right.

Hemphill: So when one says, "How do you ever get a break?" In the sense of, from the labor union, from the Department of Labor employees, their bent is more in the direction of being with the employee.

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Hemphill: --wanted to make another point about this.

LaBerge: Okay, we're talking about the Department of Labor. Do you remember any names of people you dealt with?

Hemphill: Arlene Kane could tell you. Actually at this time, I want to give great credit and recognition to Arlene Kane, who was our administrative director and personnel manager, who dealt with the Department of Labor and the Social Service Union. I can't tell you how many thousands of hours in her career at Irwin she would have spent with these two organizations, and obviously, negotiating--

LaBerge: Negotiating contracts?

Hemphill: Contracts. At that point, we had the nurses, the technologists, the dispensing department. And you have to understand that there was so much external publicity at this particular time. As I look back on the people, nobody wanted to leave their job, which interested me. Because nobody that I can recall left because the salaries weren't really quite fair, but it would be primarily they want more, which is human nature, you know? And this way, they had these other agencies that could represent them, and they didn't have to focus and surface to be the belligerent or the antagonists. It gives you great cover.

But it's a great divider amongst your personnel. When we mentioned the socialization and then other things, the employees who were loyal and faithful and didn't want unions, often there was a schism, because they would know who in their departments were the pro-union people. So that creates dissension. We had to try to rise above it, because we could not proselytize them to be anti-union. All we could do is to tell them what our policies were, what we were trying to do for them, and so forth. But when the voting booth comes on the premises and the curtain is pulled and people vote, you are--you win the election, we won some. Some of the departments also did not want a union. But on the whole, we ended with these ones I mentioned. Arlene would be much more remembering vividly.[1]

LaBerge: She did talk about this in her interview.

Hemphill: Yes. But also what groups within the blood bank chose to [join the union]. Nurses' assistants did too. So it was the nurses, the nurses' assistants, the lab technologists, the maintenance didn't want it, none of the office people wanted it. And yet, they were paid less than the professional. So it was a very

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[1]See Arlene Kane's interview following.

sad time.

LaBerge: Do you know which groups are still in unions at Irwin?

Hemphill: I don't think anybody has been unionized. I'll check, I should do that.

LaBerge: No, you don't have to check. You don't think anyone has been deunionized, so they still--

Hemphill: I think. I don't think there is anybody that--I'll ask Chris or Irene. Irene Contreras is there still. She and Arlene Kane were the two. We didn't have a large organization or staff, and yet we had more than 300 employees, and we still ran the blood bank on a day-by-day basis, and all the things, vacation and sick leave and health plans and retirement programs. Today, I think you have many more people, three or four times as many people.

Communication and Special Training

LaBerge: So Irene Contreras is in the business office now?

Hemphill: Yes, and she would know any entities deunionized. But I don't think so.

We also had ceilings, because we had so many employees that worked for us ten, fifteen years, even in that time. Most of them have retired by now. Nevertheless, many of them were young, they came in their twenties and they're only in their fifties; they would go up every year, if their performance was okay. But it was Arlene and the supervisor of the department, and the supervisory management team, that were far more aware of this whole situation than I was at that time.

But I always knew whoever was going to--who was up for advancement--we communicated well, very well, in fact. We had meetings, besides all the department supervisors, then there would be a meeting of our--I made a mistake there, I said administrative director; Emi was the administrative director, and Arlene was the business manager and personnel director, director of personnel and the business administration.

LaBerge: It sounds like you delegated well.

Hemphill: Yes, we had a chart. As I look back, I was pretty much a hands-on executive, to a degree. I mean, we had these

delegations, but I could--I wanted all kinds of reports to know what was going on, because, in an organization like ours, we would not see many of the employees, sometimes they'd be gone for days on mobile units. By this time, we had units in Marin County, we had units in Vallejo, we had units in Redding, California, so that those people would be guided and supervised by Emi and/or Arlene, and then on a day-by-day basis. But I would know our volume of blood intake, our usage--I had daily reports on everything.

At best, I think we had maybe close to 400 employees at one time, and at the height of our employment, which would have been both wartime activities and latter years, in the Vietnam period, as the blood bank grew, our research department grew, we had a program for the training of technologists, after they had finished their university education. They would come and spend a year with us and then take the examination to be certified in blood banking. We had a reference laboratory for people with very rare blood types for whom we would have an exchange with other blood banks, and then we did a lot of training of reference laboratory technologists, which meant technologists who were able to identify the more rare blood types.

So we were a front-runner in all the things that were happening nationally, and also in many cases, took the initiative, particularly in management, donor recruitment, personnel, human relations, public information, we were always creating new programs. We were a star blood bank in the sense of the relationships between management and the employees. Our people would also go to meetings of the California Blood Bank System. That was part of their training and education, to California Blood Bank System meetings and the American Association of Blood Banks meetings--mostly management people and some of the technologists in the reference labs, or they were head of training programs for the national group. A lot of our staff people were very active in committees within the statewide system of blood banking as well as the American Association of Blood Banks.

Dedication of Blood Bank Professionals

LaBerge: Did you encourage them to get active in these groups?

Hemphill: Oh, yes.

LaBerge: But it was volunteer?

Hemphill: They didn't get any overtime or any extra pay or anything. It was purely voluntary.

LaBerge: But it certainly shows their dedication.

Hemphill: Yes. I don't remember whether I've done it adequately or not, but I can't give enough praise and commendation to people that are in the blood banking profession nationally on what they all do to improve the delivery of blood services, scientifically, technologically, administratively, human relations. All the manuals that are public, the standards for blood banking, the quality control, the inspection and accreditation programs, all of these that are sponsored by the American Association of Blood Banks means that members--physicians, technologists, administrators, nurses, public relations people--all do this in addition to their own job. The organization gets all of this material, and they do the publishing, and then blood banks and hospitals and members buy these books and so forth.

But it's the American Association of Blood Banks that gets that revenue. All that the employee, the volunteers that are members of the organization, would get would be reimbursement for their air travel or their overnight stay, but in my era, no remuneration, no per diem, or anything. It was all volunteer.

So that the American Association of Blood Banks, the California Blood Bank System, are absolutely front-runners in what is done in the public interest as a result of their talent and their ability and their time and their effort without remuneration, just the satisfaction of being a member of the committee, to be a participant. It helps in recognition of your performance and your giving, but it's certainly not any personal aggrandizement. Which is very exceptional.

LaBerge: I would think so.

Hemphill: When one looks at national organizations.

LaBerge: Yes. Well, how would you advise someone else who was managing a large business like the blood bank was, how you were so successful at both delegating and keeping the personnel relations good?

Hemphill: I want to leave the impression, we were not anywhere near perfect.

LaBerge: No, and you've said that.

Hemphill: Oh, you know, as I look back, I can think of all the things we

should have done differently. But in my entire career, I would say that I was never satisfied with myself, or with what we were doing. I was always trying to look, no matter how much time or effort or personal energy it took for me, it was always down the road [in the future], and never living in the present.

If you did a book, or you did a manual, as I did do in several occasions, when it came out, I was--any more than that's why I don't want to see my oral history. [laughs] It was always on to something else: "Oh, that's over, let's do something else."

But to answer your question more specifically, I feel so strongly that we really, in the majority of instances, pleased the public. We made the donors happy, they felt a part of our organization; the blood we provided was quality--we wanted to be the best, there's no doubt. And we tried to imbue the staff with that feeling, and communicate well. In what I was trying to do, I would want to put it out in memos so that other people knew what we were trying to do. We had a newsletter, of course, within the blood bank. We were the first ones to have a newsletter in blood banking. Then also, in running the clearinghouse program, we had a newsletter. And we would try to do all the things that we could to let people know our goals and our objectives, and motivate people. We didn't always succeed, but that was what we had in mind.

I'm repeating again but never be satisfied or complacent, or feel that you were superior or let your ego get in the way. I think you could be very proud of something that you did, or probably I was ecstatic when we finally got an agreement with the Red Cross, because it really meant that the public would not have to know of the adverse philosophies or situations that existed. It made it simple and easy.

But today, I guess one would say there is a superficial peace. I mean, there's no monopoly [knocks wood]. And I take great credit for that. If I'm going to be boastful about anything, though we had to get sued and to suffer, and do all the problem-solving and the work and all the expense, to save and to have pluralism. I can say it took its toll on me and on our staff, but we did tremendous education, and other people then would see--the phones rang off the hook. "Somebody's invading us, how do we do this, what do we do?" I mean, it was a big mess.

Today, I guess, it goes on in every company, in every corporation. "What is the competitor doing?" But somehow, it was hard to accept in something as personal as someone voluntarily giving blood, getting coffee, tea, or cookies,

walking out the door, giving an hour of their time, feeling they did something great, to realize that there was within the profession itself, a question of who is going to be dominant? We were not trying to do ownership. If I start in the beginning and the end of this, never, ever was it in my personal focus that the American Association of Blood Banks or the Irwin Blood Bank or anybody was going to own or have a monopoly, or dominate. It was more a collaborative sharing, just as donors would share their blood. I mean, we should do good things for the public.

But it was very traumatic times.

LaBerge: Well, let's shift to--

Hemphill: And there's competition in blood banking today. To further prove my point, in California, when there was Irwin and the Peninsula Blood Bank, which was originally San Mateo Blood Bank, there were only two. We could have just advanced our business and taken on more territory. Instead, it was the idea that, when people were giving their blood, that local was much more an ideal than it would be to just take on more and more. Though transportation was not as good, communication was not as good. I mean, there were a lot of reasons there would have been impediments.

You could have had staff people that you'd trained locally, but they belonged to the motherhouse. But that wasn't the design. Whereas today, with territorial boundaries and the big movement on health care costs, as one looks to the future it's more and more mergers, and the local or individual community supervision and control and operation is fading, because bigness is in. But for more than fifty years, it lasted, with the personal recognition of the blood banks and cooperative relations, more than, quote, in some places, "raiding." So that the more volume, the more would-be, the lower the cost, the less it costs. Those are words without a lot of deeds--fact--behind them.

Lessons from the AWIU

LaBerge: Well, the last time, we had almost finished talking about the AWIU. Could we maybe finish that up? You had talked about your trip to China. Were there other trips? It seems to me you mentioned South Africa and Turkey.

Hemphill: No, the AWIU never did South Africa. I don't think there's a

list in the office even, of all the trips. The AWIU went to Cuba in the early seventies, Egypt, Israel--

LaBerge: Okay, we talked about those.

Hemphill: Gosh. More than thirty-five countries. Probably now it's about fifty countries where we have had delegations and met with women in these countries. And then, of course, Japan, South America, Greece and Turkey, I think it was Rumania, Czechoslovakia, Poland, India, Nepal, Thailand, Italy, France, Spain. I said Egypt, of course, because in blood banking, we did quite a bit with Egypt in that early--did I talk about Mrs. Sadat?

LaBerge: Yes.

Hemphill: See, my memory--

LaBerge: Well, we've talked about so much, you can't possibly remember--I have to go look at my notes to see. Well, what have you personally gained through this group?

Hemphill: Well, I've been a leader, of course, having been the president for so long and chairing so many different committees. But what I think one learns is that the people of the world, their goals and ideals are the same, to have a happy life, if one could have it. They recognize that you also live, and your home, family, education, material things make one's life better. The language may be different, but it's still the human spirit and how you meet others and spend time with others and share with others, decides whether or not you're going to be friends. It's your reach out, I think.

With AWIU, it's an internal learning experience to give and take; your ideas and somebody else's, they're not always in sync, and your goals may be for international travel, but when you go on a delegation for ten days, two weeks, or more, that you have to do a meld. You cannot be the prima donna and dominate, you have to coexist well and not have internal personality differences. So it's a sharing, I think, that I learned but above all, the joy of having these experiences. All the people that I have met that are still friends, that you hear from at holiday seasons sometimes also in between, or when they come to this country, or they send people that are coming to your country.

So it's a great network. Great network, great learning experience, a humbling experience in many ways, and very, very close friendships in the majority of cases. We love to be together, enjoy each other. And considerate of each other and

keep in touch. Because it's not large; it's never been more than 200 women in the United States.

All the organizations I've ever belonged to--are we going to list those?

Women's Forum West

LaBerge: Well, yes. In fact, I'd like you to talk about Women's Forum West and how you got involved in that.

Hemphill: Actually, it was Ellen Magnin Newman that told me about the formation of this organization, so I went to the founding meeting. This was of professional women, women who had a status in their profession particularly, or were the leader in upper management. Its overall goal was to network with women of like positions, learn from each other in multifaceted different businesses and organizations, but it was mostly focused for business more than--

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Hemphill: --more than the nonprofit fields. I think that there were only one or two of us, really, that were in a leadership role in the nonprofit field. So therefore, we were absorbed, I guess. The goal was to--and still is today--in fact, today even we're trying harder, probably, from this year on, to get more women on corporate boards. They want to meet with and to communicate and collaborate with the top women performers locally, regionally, nationally, and internationally.

So that was more the focus. They have meetings, of course, and speakers, and retreats, all the learning experiences. It's a very fine organization, and has done so much to help people, help other women become acquainted with each other, share. They have breakfasts, they have lunches, they meet for some evening groups. It's all meant to advance women, by one-on-one, group-on-group, region-on-region, and then they have the international group which is called the International Women's Forum.

LaBerge: I've read about that group.

Hemphill: With headquarters in Washington, D.C. In fact, this next year, I think '97, the president of the International Women's Forum will be from San Francisco, Fran Streets. She was so well known in this community, and nationally as well, and has been

in banking most of her life, and this was the San Francisco bank, Wells Fargo Bank, and others. She's a very attractive, intelligent, very likeable black woman. It will be a great advance, I think, for the organization.

LaBerge: Who were some of the other founders with you, besides Ellen Newman?

Hemphill: Judy Johnson, and--gee, I'll have to get my roster out. Isn't that awful? We merged with another women's group. There were two women's groups, but it was really mostly--our first president was Judy Johnson, and it was Ellen Newman, Ellen Magnin Newman, and then there was a--someone else. Judy Johnson and I are having dinner tomorrow night, and I'm going to ask her to give me a lineup so I can add it to the founders. Because she just had a luncheon not too long ago, wouldn't you think I could remember?

LaBerge: You received an award from them in 1988, a Women's Forum West award.

Hemphill: Well, from the International Forum. For my work in blood banking and in the community. [showing Steuben plaque] "The women who make a difference, honoree." The International Women's Forum.

LaBerge: Oh, that's wonderful.

Awards and Honors

Hemphill: Then this Steuben bowl was given to me as president of the American Association of Blood Banks, the first woman president. Then there are some others--isn't it gorgeous?

LaBerge: Oh, yes.

Hemphill: One of the male past presidents, the year we were having a lot of the trouble with the Red Cross, and going to national headquarters, and trying to get an agreement, gave me this crystal fish when he finished his term. He said, "I felt like a fish out of water, and I couldn't have swam if it wasn't for you."

LaBerge: Isn't that dear?

Hemphill: His name was Dr. Rosser Mainwaring from Michigan. This was given to me by another president, male president.

LaBerge: Another president of the AABB?

Hemphill: Yes. Somebody would give me something, not for any reason. But it was like--I did the work, I was Girl Friday.

LaBerge: Yes. Who gave you that one?

Hemphill: This is eclipsing my life, meaning, as this is designed, that I was involved in all aspects of the association, which helped the president; it was just learning to be multifaceted. But whatever dimension and whatever way you looked at it, you'd see something different, so that was to be a big factor in his success at this time. I sound so boastful. [showing a many-sided Steuben piece]

LaBerge: No. But who was that?

Hemphill: Dr. Rudy Schenken, from Omaha, Nebraska. Both of these men, by the way, were past presidents of the American Society of Clinical Pathologists; they were all involved nationally and internationally in medicine. They were all physicians. The part that I think is so thrilling about all this is that it really proves I never had problems working with men. I was just one of the boys. I don't know how to say that, but we just had good times together, we were just so committed to writing manuals and standards and all of these books and lists --all of the things that were really good.

I must admit, we all realized that in their individual blood banks or in their state blood banking, they all had troubles with Red Cross. It's just one of those things. [laughing] Mostly we had great admiration, because it was so dogmatic about things.

Now I'm back to my original--didn't we start on that, bigness is not greatness?

LaBerge: We did.

Hemphill: And I don't like it. Oh, I'm much more states' rights, and individual, community. I don't want to be dominant. I just think we ought to be more collective.

The American Medical Association award is only given to one lay person a year. I think you saw that, didn't you?

LaBerge: Yes, and that's certainly a great honor.

Hemphill: Yes, especially for a woman who was not a physician to receive that.

LaBerge: Were you the first woman to receive it?

Hemphill: To my knowledge, I was. Nonphysician. And I think the first woman. Nobody else has gotten it since. No other person in blood transfusion.

Alumnae Resources and the Commonwealth Club

LaBerge: Wow. Okay, how about Alumnae Resources? How did you get involved with that group?

Hemphill: When I was on the board of the Chamber of Commerce, I initiated the Women's Council with the number-one woman in each of the corporations being appointed by the CEOs to be on it. There were just some wonderful women with whom I had the opportunity to meet and serve on our council, and to do things together for the community. There were two women, Barbara Creed, who's an attorney with Pillsbury, Madison & Sutro, and Henrietta Humphries, who was then with Bank of California, and now has her own investment business. Both of them were imbued with the idea for Alumnae Resources, just getting it launched, so they asked me to join.

I was on their advisory committee for several years, but I have never played a dominant role in it. I am a member and contribute. I always thought their work is very significant for women and men that want additional training to improve their professional careers, or have been housewives, then divorce or become widowed and have to get back into the business world. The goals and objectives of Alumnae Resources, and the way they conduct their business, is exceptionally professional, efficient, and effective. So that's how I got involved with that.

LaBerge: How about the Commonwealth Club?

Hemphill: I got involved with the Commonwealth Club in '70-'71--I was invited to be one of the first women.

LaBerge: Oh, I didn't realize it had been an all-male organization.

Hemphill: All-male for, let's see, seventy years.

LaBerge: Really? Who invited you?

Hemphill: Dr. Jose Aubertine [spells]. He was a member, and he was a very prominent dentist here in town. He called me and said

they were going to open up the club to women, and he wanted to nominate me at that point.

LaBerge: What was your interest in it, besides--

Hemphill: The world. It was the seventies, and remember at that point, I was starting in on my international travel. I went first to Europe in '59, because I was a member of the International Society of Blood Transfusion. So the international theme, but also the national theme--I'd been working since 1947 nationally--politics, literature, all aspects of life I was interested in. You have to have a tremendous curiosity and really be people-conscious to be in blood banking, because at that time, only about 3 or 4 percent of the people were giving.

And you had to know more about people. The more things you were associated with and involved with--I mean, it didn't give you any remuneration, it didn't give you any, shall I say, social prestige, but you then had entrees into businesses and corporations and foundations where people were, and therefore, you could always be representative of the blood bank. You can't stay in your office.

Boundless Energy for Work

LaBerge: That's another lesson you have for people.

Hemphill: Can't stay in your office. And you can't say, "Oh, I'm tired." Now, I know people get tired, but I really have never used the word, "I'm tired," until I had these operations.

LaBerge: Well, you deserve to be tired.

Hemphill: I never, ever used that phrase in my life. The adrenalin would just flow. It was unbelievable. I guess I required not much sleep. Six hours would be it. And I never had jetlag.

LaBerge: My gosh. That's unusual.

Hemphill: I really did not. That sounds ridiculous, but I would get up in Washington, D.C., work all day, get a six o'clock plane, which then was nine o'clock in Washington, get home at ten o'clock, and then unpack, look at the mail, and then go to bed at one, and get up at six-thirty or seven, depending on the meetings, and then take off and work all the next day. Or I'd come in from Europe, I would come in from Japan, and just go right to work.

LaBerge: With no break.

Hemphill: No.

LaBerge: That's amazing.

Hemphill: When I would get on a plane, I can't sleep unless I take a pill, so I would take a pill. But when you go to the East Coast, and I'd take the red-eye, because I would work until nine o'clock at night--well, at that time, the planes used to leave around ten--I'd work at least until eight, anyhow, and then go right to the airport. Charles, my husband, would take me, or somebody from the blood bank, and I'd get on the plane; remember, if it was ten o'clock here, it's one in the morning, so you're going to get in Washington at about seven. By the time they serve you something and the lights go out, you have to sleep very fast. And I would go right to the office.

I'm not being boastful, I'm trying to say that I was fortunate in the fact that I had energy--now I'm tired.

LaBerge: Your constitution was good. Your health was good.

Hemphill: But I was so imbued with what I was doing. I loved to work, I loved to work. I was just crazy. And my appointments would be every half hour, on the hour, whatever, going from one subject to another, or one problem to another. I continued it after I retired, by getting involved with all these organizations more: on committees besides on boards, and then kept up the social friends. So mine were fourteen-, fifteen-hour days. Nobody's going to believe this.

LaBerge: Oh, I think so, when anyone looks at the things that you've done.

Hemphill: I don't know. But I just felt that in life we have so little time, and you might as well learn. I learned much more by being active and involved than I probably gave. I must admit, I'm not a voracious reader, really. I read all the things that relate to things I'm interested in, but when it comes to literature or a lot of other things that one would learn from, I read things that are more succinct, that teach me about people. So I can read a novel on a plane, but I always know the heroine and what's going to happen to whom and who's going to be mean, whatever. I read a Danielle Steel once. Well, if I read one of them, I can read them all. I mean, what people do to people. I lived it. I didn't have to read about it. [laughter]

Philosophy for Business, for Life

LaBerge: You learned on the job.

Hemphill: I learned everything, but more than anything, I was in a people profession, a people world, and to get people to do things for people, you had to know about people. You had to learn about people. You had to know how to get them to do what you wanted them to do. You had to be sensitive to them. If you couldn't win the first time, the second time, you'd try again. I don't know how this sounds.

LaBerge: It's something you can't learn in a book, those kind of people skills.

Hemphill: I'm bringing this up again, but after five o'clock, or after the business day, never carry your enmity or your disagreements or your temper. We'd go out to dinner and I would maybe be upset, but I'd keep trying. But never to be sarcastic, mean, and vindictive, because really, you can't win. Particularly sarcastic. Doesn't mean you have to be everybody's friend, but when you can't let someone really feel that they're compatible with you, then too bad. That doesn't make them wrong; they might be right.

I think that that's a very important factor in business, and especially if you're involved locally or nationally or internationally. I met some people that I couldn't relate to, but then I'd just stay away. If I wanted that person to be more cooperative or helpful, whatever, I would probably go up to them and say, "Why do you feel as you do? What am I missing?" I did that on several occasions in my life, because I realized that we couldn't get together.

But the philosophy, going back to the Red Cross particularly, I learned so much from them, but what I didn't want to learn--there were just these differences. They in the long run have given up the credit system, which really very few have today. They might consider that a win. To me, it's a great loss, because we no longer ask, in most cases, any patient who is benefitting, or their family or friends, to help the blood supply. We have lost so much personal contact with patients, and I feel that that is a great loss and that we could make it so much more personal, so much more caring, and make them more grateful and realize what someone had done for them. In other words, how hard it is today to get organ transplants. All because we are not reaching the beneficiaries of these services as much as we could.

It didn't have to necessarily be monetary. That's what my whole drive was, if I'm receiving and they're giving, then the receiver should be doing something to help the system and the supply. There may be places in the country today that are doing that better, but I know in the majority of instances, it's just a welfare concept. Somebody else is going to give it to you. But if still 5 percent of the people are giving, 99 percent are taking, why do we have--.

After all, the patient mostly is in the hospital, and if blood banks had inspired and motivated hospital personnel to be more representative of the bank, and we in turn by having brochures and things like that at the bedside, that we would have a much more appreciative public of what they are getting in the health care system, and motivating more families, which would, quote, in turn, flow over into being more caring about people who have great needs today, and the welfare concept. Because in the millions of transfusions that are being given, it doesn't mean a pint to each person. Some people will get several units of blood, but millions of people are not being approached, who are benefitting. It's not to harass them, it's to remind them that, Look what somebody did for you. You in turn are a better person and should do more for somebody else. It's the greatest network which we are not doing. Does that make sense?

LaBerge: Yes.

Hemphill: It would just spill over into other things. I wish they'd try it, or reawaken it, or do something.

Summer Jobs for Youth

LaBerge: I have a question on one of your citywide jobs: You were involved with the Summer Jobs for Youth program when Dianne Feinstein was mayor. How did you get involved, and what did you do?

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Hemphill: At the blood bank, we always employed youths.

LaBerge: In the summer?

Hemphill: Always, for the summer.

LaBerge: And what would they do?

Hemphill: Oh, they'd work in the lab, they'd work in dispensing, they'd help deliver blood with the volunteer. If two volunteers didn't come one day, we would send someone out with them. They'd help with glassware, they would answer the telephone, they'd be trained to work in the dispensing department, motivate donor recruitment, go out and register donors, and be nurses' aides, all that.

Remember, all the big corporations were also helping us with donor recruitment. So when I was asked to be on that program, I would just call up and say, "This is Bernice, can you get your boss to hire some youths?" And that this would be a great thing. I was just one of several people, but I had a lot of contacts, so that I would be able to make phone calls and get people to sign up. They would hear about it from other sources, too, but it's like money, it's like blood: somebody asked them. They did not have to read a sign or read a letter. And whether it's blood or money or volunteer service or any need, it's who asks you, not just printed literature, or hearing it on TV, or the newspapers. People give to people.

LaBerge: Did you on your own have the idea to hire youth in the summer?

Hemphill: Oh, no.

LaBerge: I mean, did you go out and try to do that?

Hemphill: I had the idea from, oh, I would say, in the fifties, we always had youth coming. But it was not a popular thing as far as the community was concerned. Often it would be the son or the daughter of a volunteer or somebody that worked at the blood bank; we had no problem, husband and wife could work together at the blood bank. We didn't have all these rules and regulations.

LaBerge: Of nepotism.

Hemphill: No. No, if they could do the job, and the price was right. But I always felt, as someone who had no brothers or sisters or not any children, I always thought it was great to be able to bring family to help out people that were doing a good job for you, or could do. Because then, whether it was the mother or the father--or some of the doctors would say to me, "Get my son a job," they would be more willing to shape up, because the father knew they were there. [laughter]

LaBerge: That's right. And very happy to have a job, too.

Hemphill: And one, as an example, I think this man was wonderful. His name was Vince Yalon, and he was an administrator at the

University of California.

LaBerge: A doctor?

Hemphill: No, an administrator. And his wife was a nurse. We had to work very closely with hospital administrators, because it's our blood going to the hospital. I think there were six or seven children, and I think five of them worked for us. And the last one to work for us went to school, worked all during school, and is now the administrator of the blood bank at Stanford.

LaBerge: Oh, you're kidding! So you had a part in that.

Hemphill: Oh, and he used to be so careful. If you were to call him, he would honestly write a statement, I'm sure, what it was like to work at the blood bank for Mrs. Hemphill.

LaBerge: What's his name?

Hemphill: Vince Yalon. He's the administrator. And Vince was absolutely fabulous. He had a great sense of humor too, but he would exaggerate. He would say, [gasps], "There she goes." [laughter] And yet, he was so intense, and he's so successful. He married and had children; but went to college, and did everything, all while he was at the blood bank. He must have started at the blood bank at about fifteen or sixteen. He's in charge of the blood bank at the Stanford Hospital, he's the administrator. This proves my point: he was in dispensing. Arlene Kane was another one, too. We brought him up then into a supervisor or coordinator, a manager, and then up into administration. Then he went to Stanford. It was self-learned, self-taught, plus his academic education. And he's never left blood banking. And he's very appreciated and very well loved. But that's learned on the job.

Training and Hiring from Within

Hemphill: One of the things that I'm saddened about is how so many companies do not promote from within, train and promote from within. They bring in outsiders. And I realize that there are particular skills, but much more promotion could be done, motivating people, to promote from within. A lot of that is impeded by jealousies. So-and-so doesn't want somebody else to get a better job.

It all depends on who the managerial people are, and what

you teach them, and how you motivate them--teach, same thing. That was just one example. But I told you Arlene rose from within, Emi rose from within, our nursing supervisors are still there, Irene Contreras--all those people came in in the basic jobs. And they're very good.

LaBerge: Well, Betty [Carley] too, starting off as a volunteer and then becoming director of volunteers.

Hemphill: I think she's great. We didn't have a director. The first paid director I think was Betty. My memory is failing. But anyhow, when we found that we needed to expand and get more volunteers, we had a chairman who was a volunteer of motor corps, and perhaps she told you about her, did she? Thirty-five years never missing a week day or a--

LaBerge: What was her name?

Hemphill: Mrs. Carol Turrentine, and Millie White.

LaBerge: She talked about Millie White, I remember that.

Hemphill: And Carol Turrentine, she deserves recognition. Also the mother of Wiliam Coblentz, the San Francisco attorney.

LaBerge: Oh, really?

Hemphill: Every week, without fail, never a complaint, anything, for over twenty-five years.

LaBerge: My goodness. Do you remember her first name?

Hemphill: Fritzi, Fritzi Coblentz. We have two women today that are still volunteers. I don't know whether Betty gave you their names. Because these people are so special. But anyhow, she was in charge of the motor corps, Mrs. Turrentine, and Millie White, and Mrs. Curtis Smith, the wife of the founder. She must have given you her name.

LaBerge: Yes, she did.

Hemphill: Dorothy Smith. But she also was in charge of all the hostessing with Millie White for all these years. And these women just didn't <u>have</u> to do anything. They had the money, they had the social life, they had everything. But they just did.

Demands on Oneself and Others

LaBerge: Well, anything in your life you would do differently?

Hemphill: [laughs] Yes. Yes. I think so.

LaBerge: That you want to talk about, in a paragraph or two?

Hemphill: First of all, I feel so blessed, and there's never a day that I don't prayerfully thank for the fact that, by chance, I got into blood banking in the years I've known it. I feel if it would have been the last ten or fifteen years and I was entering it, I wouldn't feel the same way about my great commitment and dedication to it. But it was the early years, the growth, the development, the creativity, the challenges, the excitement, the little successes that you thought you were doing good things for people.

I think what I probably would do, I would have been more considerate of my husband and my parents maybe, in those years, when I never worked by the clock. I would say I'd come home at a certain time, and I'd come home much later. I was not considerate of them, or I just knew they understood, but I'm sure they didn't. [laughter] I mean, my husband would let me know.

And that would be true of the employees. I was very demanding in the sense of, if I was excited about this, why weren't they? Because we were together. But on the other hand, in subsequent years, I would always try to give people a byline, which you know, wasn't that great. Not all the time was I that thoughtful, but in latter years. I'd bring Emi--everybody knew. There wasn't anybody that would not have known that Emi was the absolute mainstay of whatever was to get done, or Arlene, or Margaret Harrell. When we'd have committee meetings out here, Margaret Harrell would always help, and she'd prepare the lunches and the dinners and give them feasts --all of those things. But it was just a very fun thing, it was fun, it was social. We're all enjoying being together and doing these things.

Not that we didn't argue. I guess I'm mixing all these up, but Jan Nelson--did I give you her name?

LaBerge: Yes, you did.

Hemphill: She just wrote me the most fabulous letter and card from Japan. I might show it to you. And she sent me woolen underwear, did I tell you?

LaBerge: No.

Hemphill: Betty Carley told her that I was always freezing, so she sent me undershirts that they wear in Japan in the cold weather. I mean, she is just a wonderful friend. But we're all friendly. We just had this wonderful relationship.

And then there was a nurse, the one who really got the union started. I was not aware of it, but anyhow, when it ended up, we were bitter enemies. I mean, she could have killed me a dozen times over. And then she came and painted my house. [laughter] And we are absolutely the closest of friends still.

LaBerge: What's her name?

Hemphill: Helen Devine. I should list everybody's names here, so fabulous. How it all went in the unionization: she was honest, she was Australian, and she believed in unions, and wanted more. Even after that, we then promoted her, she was in charge, director of nurses ultimately. So we just never kept somebody down even though we had dissension and disagreements. She left after my successor came.

Now, these people that left, like Emi and Arlene, all because of a new director who comes in, clean sweep. And that happens every minute of every hour of every day. Is it really great? Is it the best way? Can't you give people a chance? You shouldn't agree that they're going to be disloyal. I saw at least three or four careers just totally decimated and ruined, because we have a new turnover. I think that that's not necessary.

I don't mean that management can't bring in somebody new. But I feel that a board of directors in today's world are not nearly as sensitive to, when change happens, what it does to the people who have made the organization or have contributed so much, how their feelings will be. A board in the nonprofit field today is pretty much isolated from anything that goes on. When we're talking about medium and large-sized organizations, by my personal experiences, when there is management leadership

changes, or things go wrong, there's more passivity on the boards of directors today than there is giving of ideas and suggestions.

That doesn't mean that every idea they had was right, but everything is the CEO, and then the CEO, if he doesn't make it, he gets consultants, and the consultants come back--you have to teach consultants, or you train them on your business, and then they come back and spew something to you and it costs all this money. And what's the CEO paid for?

I lived through the era of consultants, as I explained, and they were never called consultants. When I mentioned Chris Burns, I needed somebody to do some extra searching on economics, and our accounting firm would have charged us three or four times. I needed someone to write a letter as an individual. He would write as if he was a donor of the Red Cross. He didn't divulge who he was, but that's what I'm saying, it wasn't the same as a consultant. [tape interruption]

[Reading a card from Jan Nelson] This is "Friends." "It's the love and the laughter that have carried us through the years. You're such a joy to know."

LaBerge: That's wonderful, from Jan Nelson.

Hemphill: "So glad you can get the undershirts. I'll send you some more." [laughter] "Just be strong and enjoy your days and your friends. Remember, there are many prayers for you circulating around the world."

LaBerge: That's lovely. That's really lovely.

Hemphill: That's the kind of person she is, you know? And I can go through all this. But when we're finished, I'll just give you a couple of thoughts that she did for this letter.

Doug Starr's Forthcoming Book on Blood Banking

LaBerge: Well, we'll wrap this up, because we're almost through with the tape, and it's probably a good time to stop. Is there somebody who's writing a book? It seems to me Emi said maybe someone is writing a book about blood banking.

Hemphill: Yes, there is a man on the East Coast. His name is Doug Starr. He's a writer.

LaBerge: So it's something for us to look for in the future, for his book on blood banking.

Hemphill: Yes. I'll call him and ask him what he's doing.

LaBerge: I wanted just to have that in the documents so someone else who's looking for blood banking then would know to look for his book.

Hemphill: Well, also I'll ask him about it, because I would give reference.

LaBerge: Right, exactly. And he might like to see this when this is finished, too.

Hemphill: [laughs] [mocks fear]

Summing Up

LaBerge: Well, I think I have finished with all my questions. Is there anything I haven't asked you that you would like to comment on?

Hemphill: There's one, Margaret Harrell, I haven't gotten anything from Margaret.

LaBerge: And you thought Margaret might like to write something.[1]

Hemphill: Yes. She was the administrative assistant, but she was also fabulous with baking and cooking, and she was always doing something--lived across the street, and any hour of the day or night, you'd find Margaret. [laughing]

And Emi. All this was written pretty much by her. I would have the ideas and the sense, "Let's say this, let's say that, let's say that," and so forth. But if you depended on me to be able to write it and do it, it would never get done. I hate to write. I really do. I hate to read.

LaBerge: Well, when I was looking at your speeches, I guess I asked Emi, and she said, well, she was basically a ghost writer, but all the ideas were yours. And then she would write a speech but you didn't really need the notes. You really had it in your head.

Hemphill: I had to just have my security blanket.

LaBerge: Right, but you had it in your head what you were going to say.

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[1]See Appendix.

Hemphill: Yes, but she really would launch it.

LaBerge: Right, to get that together.

Hemphill: But she really was, really did a lot of it. But then Emi would say, "I never recognized that." [laughter] She would slave over it, and then I'd scratch it all out. But we did things very much together.

And we still do today. She does all my business affairs, and she's very much my family, and she still calls me "Mrs. Hemphill." But I keep begging her not to. Didn't you find her an interesting person?

LaBerge: Oh, yes, wonderful.

Hemphill: Very rare. And Arlene is so articulate.

LaBerge: Yes. Well, before this runs out, I'm just going to say, thank you very much.

Hemphill: Okay.

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BIOGRAPHICAL INFORMATION

(Please write clearly. Use black ink.)

Your full name ARLENE EVA KANE

Date of birth FEB 17, 1935 Birthplace RICHMOND HILL, NEW YORK

Father's full name JOHN FRANCIS KANE

Occupation N.Y. POLICE OFFICER Birthplace NEW YORK, NEW YORK

Mother's full name BERNADETTE RITA O'DONNELL KANE

Occupation ~~HOUSE~~ HOUSE WIFE Birthplace NEW YORK, NEW YORK

Your spouse N/A

Occupation _____ Birthplace _____

Your children _____

Where did you grow up? NEW YORK

Present community VALLEJO, CALIF.

Education JOHN ADAMS H.S., HEALD BUSINESS COLLEGE, DIABLO VALLEY COLLEGE.

Occupation(s) IRWIN MEMORIAL BLOOD BANK - OWNER/OPERATOR - KRAK MINIATURA EMPORIUM - NOT PRESENTLY EMPLOYED.

Areas of expertise MANAGEMENT; ORGANIZATION; COMMUNICATION (WRITTEN/ORAL) OPERATIONS, PERSONNEL, NEGOTIATIONS.

Other interests or activities POLITICS/GOVERNMENTS; SOCIETAL ISSUES; MUSIC, TENNIS, WALKING; READING

Organizations in which you are active NOT PARTICULARLY ACTIVE AT THIS TIME.

XI BUSINESS MANAGER, IRWIN MEMORIAL BLOOD BANK, 1958-1982: INTERVIEW WITH ARLENE KANE

Job Interview with Betty Ward and Bernice Hemphill

[Date of Interview: October 10, 1995] ##

Kane: I think that's one of the benefits of time passing--it's either a benefit or the reverse--that you remember those things that are important to remember, and sometimes time is so gracious, it allows you to forget those things that were unpleasant or painful. I don't even remember the name of the man whom we were involved with in the lawsuit, but I think it was Richard Spohn.

LaBerge: Richard Spohn, that's exactly right.

Kane: Is that right? Richard Spohn. Okay, then I do have him down. So I'll just put myself in your hands.

LaBerge: Okay. Why don't you tell me how you happened to come to the blood bank?

Kane: Oh, interesting. I had just finished Heald Business College, and I went to a private employment agency. This was the first job that they sent me out to. It was an interview at Irwin Memorial. I had taken a lot of business courses, and what I wanted to do is use that which I learned in school--accounting skills, payroll skills, purchasing skills--but I wanted to put that theory into practical use.

So I went to the blood bank, which was my very first interview, and Betty Ward, who was then the business manager, was the person who interviewed me. She asked me if I could come back the following day to meet the managing director. That was Mrs. Hemphill's title, managing director. That was in 1958, October of '58.

I tell this story because it kind of fascinated me at the time. I was just out of school and very impressed by all things. I met Mrs. Hemphill. I went in and I waited. I waited for my appointment. But when I went in to see her, she was sitting at her desk, and she had on this blue hat. Because at that time, Bernice never went anywhere without wearing a hat. I think she has forgotten that, but I remember it.

LaBerge: I haven't heard that.

Kane: She always wore a hat, and she always carried gloves. I remember sitting at her desk, and I thought to myself, I wonder if this woman is coming or going. [laughter] Because of the hat. And I thought to myself, You're supposed to be serious here. You're on a job interview. So she asked me some questions, and I guess the responses were okay, because we then went out and I followed Betty Ward into the business office, and she said to me, "Well, if you want the job, it's yours." I said, "Oh, okay."

My whole idea was that this was going to be for one year, because the starting salary was not terrific. But at that time, it looked like, Hey, this is pretty good. Don't pass this up. And besides, you don't have a lot of time to go looking for other interviews, because I had just weeks beforehand finished up what I was going to do at the business college.

So that was the beginning, in October of 1958. "If you want the job, it's yours." I said, "Oh, okay." But it was only going to be for a year so that I could tell my next employer that I have all of this experience. It isn't just book experience.

LaBerge: Do you remember the salary?

Kane: Yes, it was $300 a month.

LaBerge: And what was your title?

Kane: You know, I haven't the foggiest notion. I think I was an intermediate clerk. It seems to me that's what it was.

LaBerge: And you were going to be working directly for the business manager?

Kane: I was working as an assistant to the business manager, whose name was Betty Ward. My job did require work in all those areas--payroll, time cards, purchasing, writing the checks--all of the things that had to do with business, which was what I was particularly interested in.

Mobile Operations and Satellite Centers

Kane: Then the story unfolded from that point on, what was supposed to last a year lasted almost twenty-four and a half years. As time passed, and as you gained more knowledge, you could if you wanted gain more responsibility which was one of the terrific things about working at Irwin. When I went to work there, it was a blood bank that was drawing 35,000 units of blood a year. We had roughly forty-five employees. We had ourselves, our headquarters center, plus we took mobile operations, took the mobile truck out into the field. And we had one very small blood center in Redding, California, in the basement of Mercy Hospital. It was a one-room blood center, and it was open probably not more than a day or two a week. I think annually it contributed a total of about 1,500 units of blood.

By the time I left Irwin in 1982, we were an organization that drew in excess of 125,000, 135,000 units of blood. We had approximately 350 full- and part-time employees. We had five blood centers throughout northern California, in Marin, Shasta, downtown San Francisco, Vallejo--Mare Island--and in between, we even set up a temporary mobile blood center, if one can imagine this, at the San Francisco General Hospital, and we had a temporary mobile center at the Oakland Army Base.

For a period of time when we were shipping so many young men overseas, there were hundreds of soldiers at the Oakland Army terminal that were waiting for transportation to be shipped to Vietnam. And because we did so much work with the military, these young men, before they left to fight and conceivably give their lives, they also took time to give their blood. So we used to--first we started off bringing them over in busloads to the blood bank, and it was really quite amazing, because they would line up, as anyone who's been in the military knows, it's hurry up and wait.

They would come by the droves in buses, and we sent an escort, we always sent a nurse and a couple of other nice young ladies to escort them over on the bus. By simply giving them just a little TLC, like apples and sandwiches while they were waiting, and jokes, and taking the hoots and the whistles as you went down the hallway, and turning around and just kind of giving it back with them. It was like exchanging a bit of humanity with them. We knew where they were headed and it was so easy and natural to acknowledge the specialness in each of them.

It was kind of like, I always thought of us as being kind of a miniature USO [United Services Organization], because we were probably the last civilian people that these young men saw for a

long time, and the experience that they had at the blood bank, I was always very proud of it. I always felt it was a good experience. They helped the civilian population here, and they also helped the military population, because we served all of the military hospitals in this area. They received their blood supplies from Irwin.

The time came when instead of bringing them to Irwin we went to Oakland and set up a center in the Oakland Army terminal. We sent our staff there instead of the military having to transport everyone in buses to Irwin. When our government cut back on shipping people from Oakland to Vietnam, we closed the center, packed our belongings and were gone in a matter of hours.

We also worked with the San Francisco General Hospital for a long time. City and County of San Francisco could have done a lot to help themselves. Since they were failing to do so, we offered to help them help themselves. Our thought was that for all of the blood that we sent out to S.F. General, we felt that somewhere along the line, especially for people who were giving birth to children, that surely they must know one healthy young man that could give his blood. So we set up a temporary site out there. The responsibility of recruiting the donors was up to S.F. General, but we were the drawing facility for them.

And once we got them on their feet we helped them to put in a volunteer recruitment program whereby they devoted some time and some talent to the recruitment of volunteer donors instead of paying for everything they received. We wanted them to have donors replace the blood they were using. Blood is made to circulate, in more ways than one. You can't keep drawing blood from your blood bank unless you have people putting it back on the shelves.

We always crusaded in areas like that, and the biggest crusader of all was Bernice.

Bernice Hemphill as Crusader and Innovator

LaBerge: I keep hearing this theme, no matter what we're talking about, we always come back to this.

Kane: This is true. This woman is a woman who was so far ahead of her time, she was so incisive and decisive on being able to look at a now situation, and project that now situation to the future. There were those of us who, when she would tell us what she thought about the future, we'd go, "I don't know about that."

But I can tell you as I look back, so much of it has absolutely turned out to be 100 percent right. And not necessarily the kind of outcome that pleased everyone including Bernice, but she was 100 percent right on. She had that ability to see that what appeared to be so dramatic and so traumatic at this particular time, she could take that and bring it to its ultimate conclusion, when it's going to be neither of those two things.

LaBerge: Can you give me an example?

Kane: Sure. I think the best example that I can give you, and these are words that echo in my ears so many times as I see things evolving today. The first heart transplant performed at Stanford was done by Dr. Norman Shumway. We provided the blood for that first transplant. Now, why Irwin? We were not Stanford's primary supplier. But Irwin, because Irwin provided the warm, fresh, the not more than twenty-four-hour-old blood that they wanted. They did not want blood off the shelf. They wanted the platelets still viable, and they had a lot of medical reasons for wanting the blood to be not stored blood but fresh blood.

When we started this service, I can remember at a later point down the road, maybe six months, nine months, maybe a year, when it started to become not so much headline news but just news, I remember Bernice saying, "I am afraid that someday, organs will be sold to the highest bidder." I never heard anyone else who was in the field, and there were people in our own institution that were in the field of research and development, I never heard anyone else give that forecast for the future, that "I am afraid that someday." In essence what she's saying is that the harvesting of organs could fall into question.

And all these years later, I now see why this is a concern. We can look back to events that happened not more than two months ago, and one can say, "How come someone with a lot of money gets a transplant, and someone who doesn't have any money didn't? And how come in China, they are allegedly harvesting organs from people who are imprisoned?" At least that's what we're told by those who are free to come out of China and talk about these things. Now, this obviously is an international incident that one does not say lightly, but it has been reported on the major news networks that this is what is going on.

Bernice was always worried that the less fortunate might be enticed into selling one of their kidneys or other organs. She feared one would see classified ads for sale or purchase of organs. And she's right. She was right then, and time has proven her right. That's one example of her ability to foresee and forecast--foresee is not the right word, but to look at

events now and say, "This might seem good, but wait until we get down the road. Look at those consequences."

Another area where she was 100 percent right on was--[tape interruption] She was a barometer of history. And she was an astute barometer of history as it related to not only blood banking, but what was going to happen to medical care in America. She was an astute barometer of situations and incidences like that. She also was a real crusader, one who had the courage and the conviction to follow through on things that were not necessarily popular.

LaBerge: For instance?

Kane: Example: we instituted, I don't know the date and time, but we had a research department. Our research department, as is the case with most research departments, had to get some of their income from grant proposals, getting federal grants. A certain amount of money was granted to our research department for a specific period of time. I remember that when that period of time was up, or the one year was up, and we had to make a reporting, almost an audit, "This is what we spent, blah blah blah." As it turned out, we had asked for X amount of dollars, and we received X amount of dollars, but we didn't spend it all.

So Bernice wants to return it to the federal government. The government agency at that time was telling her, "You don't do that. You spend the money." She said, "What for? What is it that we didn't get with the money that we had? What is it that we need?" She was told, "Well, spend this money." She said, "If we didn't spend it, and we don't need it, we're giving it back."

The letters that went back and forth to our government, because we wanted to return money that we didn't need, was absolutely unbelievable. They told her they really didn't have the mechanism to accept this money, and that really, what you're causing is so much red tape that in essence, they sort of told her, "Would you just please spend the money and go away?"

To make a long story short, they ended up taking the money back. [laughter] She made them take it back.

Now, a person should be applauded for doing something like that. That is the sort of thing that warrants applause, one should be recognized in their particular area and field of reference as saying, "If one person can do this, others can do this." Unfortunately, conventional wisdom was, if the government's willing to give it, you take it and you spend it. Ergo, our situation of today.

The Nonreplacement Fee, Precursor to the Lawsuit

Kane: Bernice will have to verify this, but I am quite convinced that she was one of the forerunners of, when they were talking about Medicare in the sixties, she rather insisted, and she has a very nice way of insisting, that if you're going to provide all of this service, medical care service, do not make the mistake of automatically covering all transfusion costs, including the cost of blood. If nothing else, at least require people to replace the first three transfusions. Again, going on the basis that most people who are receiving Medicare benefits, either have family or younger friends who, when they did require blood transfusions, could replace at least the first three units. And the bill, as I recall, did come out whereby the first three units were excluded from coverage. They paid the processing fee, but they did not pay the replacement fee. I believe that since has been changed, but I'm not sure. I haven't obviously followed up on blood banking.

That's another area where one should have received applause, really. I say that because she was always a proponent of the replacement of blood, not just as it related to Medicare but in general, because that's how you get your shelves replenished. If everyone, including the private insurance carriers--and she was effective in getting some of the larger ones in California to not pay for the first three units--require the insured and/or his or her family to replace it, her philosophy was, "We keep medical costs down, and keep your supply of blood constantly flowing. Stop these panic rushes to the TV/radio, `Oh, we need blood, we need blood.' Don't cry wolf unless there's a wolf at your door."

So when you have someone that is--when I use the word vocal, I am using it in the finer sense of the word--when you have someone who is vocal, and who has the ability to so keenly express themselves, and who has the ability to make thinking people think, this kind of person becomes a target. They become the target for those who find it easier to not require anyone to do anything more than what they just barely have to do to function.

That brings us to our lawsuit.

LaBerge: You think that was the--

Kane: There were so many things that built on this terrain, so many things. The lawsuit was sort of like, Let's chop down this tall redwood tree, because it stood for a long time, and it's the tallest tree in the forest, and it's being recognized by everyone as being the tallest tree in the forest, and we want to be the

tallest tree in the forest, so let's chop that down. The problem with that is that eventually, you end up chopping down all the trees in the forest, if everyone thinks that way, and a lot of people do.

Bernice, as I said earlier, was always an advocate for what was called the nonreplacement fee. She felt that blood was not something that you should just sell. We felt, Irwin felt, that we are loaning you this blood. We are loaning it to you, the patient, and we're asking you to put back in the blood bank as much as you are able, through friends and relatives and people at work, put it back in the blood bank, so that we will have that blood available for the next patient who comes along, perhaps as you did, never realizing I'm going to need all of these transfusions.

The other side of the equation in blood banking was just as adamant in their opposition to the nonreplacement fee. Their philosophy was: blood is shipped to a hospital accompanied by an invoice indicating the dollar amount the hospital owes the blood bank. There would be no reduction in fees charged since the amount did not change whether the blood was or was not replaced. So we had two camps here. We had the American Association of Blood Banks, and I'm sure that you've heard that before.

LaBerge: Yes.

Kane: And those members of the AABB felt--they supported the idea and the concept of the nonreplacement fee. The other camp was the American Red Cross. They wanted to send the blood out, invoice it, get paid, let's just start over again with the next patient. No follow-up, no problems, no record-keeping, just send out the blood and send out an invoice.

When you have such opposing views, you're obviously going to have opposition. The opposition came from every quarter. There wasn't an area where it didn't come from. If we were having a blood bank seminar and we had somebody who was speaking in favor of the nonreplacement fee, why, we'd have an equal number of people speaking who were not in favor of it.

But the point that I want to make is that in--it was either the late sixties or the early seventies, and Bernice again will have to verify that for you, we were informed that we were being sued by the State of California, the Department of Consumer Affairs, because they felt that we were making huge sums of money.

A Choice for the Military Installations ##

Kane: --by our use of the nonreplacement fee. What really ticked them off more than anything else was the fact that we allowed the military to make a choice. Again, this is Bernice's concern for government being fiscally sound and prudent, being responsible, not taking the easy way out. She offered the military a choice. How unusual that in America we should be given a choice! I mean, it's as natural as--well, it used to be as natural as green grass that you had a choice. And her objective was to provide every military installation that we served a choice. We served all of them, Oak Knoll, Letterman, Travis, Hamilton, and there are probably a number that I'm forgetting, but those come to mind immediately.

The choice was, if they wanted to, instead of paying us processing fees, because we have to have processing fees to operate, if they choose, instead of paying us processing fees, for every two units of blood that they got from us, they could provide us with three credits or three donors, and we'll cancel all fees. Sounds like a good deal to me.

We have reason to believe, and again, I would verify this with Mrs. Hemphill, I don't know that we ever actually beat the rat out of the woodwork, but we have reason to believe that the suit was dropped in the ear of this Richard Spohn, who was acting under the august wisdom of then-Governor [Edmund G.] Jerry Brown [Jr.]. His department, Department of Consumer Affairs, was told by the American Red Cross in San Jose that he really should take a look at us, because we were just scoundrels of the worst repute, and making all kinds of money.

I can remember being deposed for what seemed to be an eternity. It had to be at least two days, perhaps two and a half days, of why were we doing this?

LaBerge: And they were deposing you because you were the business manager and knew all the figures?

Kane: Yes. Because I was the business manager, and I spent a lot of time negotiating the contracts, talking to the people. I would go up to Travis, I'd talk to the people at Travis, I'd talk to the people at Hamilton. Not only did I do this, but Bernice did as well. As I got a little bit smarter and matured, there were things that she could delegate to me that she always used to do, so I functioned almost as a duplicate of Bernice in this regard. This is how we did it. And that's how we felt about our blood bank, it was a "we" thing. It wasn't an "I" thing, it was a "we" thing.

I was deposed because I was in charge of the business office, I was the business manager, that was my title at the time. I was asked: How can this possibly be? I said, "Well, how can it possibly not be? It's pretty simple. We gave them a choice. They made the choice; we did not tell them, `This is what you must do.'"

This nonsense went on until the private attorney that the State of California hired--

LaBerge: I didn't realize they had hired a private attorney.

Kane: They had two of their own, and then they hired a private attorney in Oakland. They hired his firm.

LaBerge: Do you remember his name, or the firm name?

Kane: I don't. But I tell you, you could get that from Dave Willett. He would know.

I think it reached the point where the private attorney, and only God knows how much money he's making on this, but I think after he made his killing, he had me in there, he had our accountant in there, he had Bernice--when I say "in there," I mean in deposition--he had Bernice deposed, he may have even deposed Dr. Perkins, I can't quite remember all. But after he deposed as many people as he could, and depositions pay very well, I understand he summed up the situation by telling his colleagues from the state, "You don't have anything here. Where do you expect to go with this?" But, that was after most of the depositions had been taken. I guess he did us a favor by ending it when he did. Who knows how long the state would have gone on?

But again, where did that money come from that allowed this suit to be brought? And it was totally out of hand, completely dismissed. There were no grounds for this. I think that if we had demanded that they take ten blimps out and fly messages, that they probably would have had to have done that. But this was all taxpayer money, done because of, "We don't want you having this nonreplacement fee, offering it to your military," because the military that they were serving asked them for the same thing. After you get through the rat's nest, you see what it's all about.

LaBerge: Which military were they serving?

Kane: Monterey. So, it ended up that Irwin began serving the needs of the hospital in Monterey, and I'm trying to remember the name of that hospital. We began providing the needs for the military

hospital at the Fort Ord base, and we began taking mobile operations down to Fort Ord, and we gave them the same opportunity to make a choice, either pay your processing fee, or three-for-two and you're not charged.

And of course, the State of California felt that this was a huge injustice to the civilian population, because we were not offering that to them. But for some reason, and I don't know--I shouldn't say for some reason, bureaucratically, they could not see that we were saving the taxpayers' money when we allowed the three-for-two replacement, and the private payer who went to a private hospital, was paying processing fees for the service he received at the private hospital. Military people were going to military hospitals staffed by military personnel who were being paid by the federal government.

So, I mean, the whole thing, it kind of boggles the mind as you look back at it, but I think more threatening was the fact that somebody, through dropping just this, "Irwin needs to be checked," had the ability to do something that was so devastating and so totally demoralizing. But we went through it, and if they ever thought we wouldn't fight back, they were absolutely astonished, because not only did we fight back, but we cleaned their clock, and it was a pleasure doing it. An absolute pleasure. [laughter]

[looking at paper] I want to check off some of the things that I have here.

Responsibilities as Business Manager

LaBerge: So your responsibilities included the contracts with all the hospitals all over, not just the military hospitals?

Kane: Yes. I participated--I don't want to sound like this was a singular thing that I did. But I participated in preparing and implementing those contracts for final signature. When I first went to Irwin, we already had a relationship with Hamilton and Travis, but as I said earlier, as time went by and I became more experienced in my work, I was able to do things that heretofore may have always been in Bernice's lap. And as time went by, we had to recognize too, we were growing at a pace that any private business would have just jumped up in the air and clicked their heels over. Our chief executive officer, then the managing director, had many, many fronts to look at, instead of, "We have to collect our 3,500 units of blood this year and operate our single floor headquarters." It was just one little flat

building, and we had this one little blood center in a room in a hospital that we got rent-free--shows you how affluent we were--in Mercy Hospital in Redding, California.

So my position, in order to answer your question, I became responsible for the operations, the daily operations, of Irwin, the departments contained therein, and our blood centers.

LaBerge: So did you hire and fire personnel?

Kane: Yes. I went through all of the stages of--I did all of the purchasing for the blood bank, negotiated--brought to the point of negotiating all of the contracts for serums, for blood bags. My job was, I cut through the nonsense, get to the quick, bring in a contract for Bernice, and say, "Here they are. This is it. This looks like the best. What do you think? Where do you want me to go from here?"

And this was what I did actually when I would go out and negotiate leases for the centers, or if we had to remodel the centers. I'd go out and I would get, if it were in the initial stages of leasing, I'd go out and I'd hammer out an agreement on, "This is what we're going to pay you for leasing this facility, and this is what we want you to do to make this facility worth our leasing. In exchange, we will do the following." But I always prefaced that by, "Of course, there isn't any agreement until this is signed or approved by Mrs. Hemphill and/or our board." If Bernice approved my proposal she would then take it to the board for final approval.

But I was pretty much the person who brought things as far as I could, and then just laid it out, "Here. Take a choice. You want me to go back on any of this?" Sometimes she'd look at it and say, "I think you can do better with XYZ Corporation. Hit them again." And I would go back and do just exactly that.

Unionization, 1975

LaBerge: And did you have much dealings yourself with the board?

Kane: Not until we got into unions. I was blessed by having nothing to do with the board other than to meet several of our wonderful presidents, Dr. John Upton, Dr. Henry Woo, Dr. Curtis Smith. They'd come through the blood bank every now and then, maybe once every six months or so. Dr. Upton used to come through in his jodhpurs after riding. He had this wonderful British accent, because he was from Great Britain. He helped found the blood

bank; as a matter of fact, I think he tapped Bernice on the shoulder and got her involved in blood banking. He was a wonderful person, great human being, so much warmth, so much compassion. I wish the world were blessed with a lot more John Uptons and Curtis Smiths, especially in today's medical world.

I got involved with the board when we got involved with unions. And as fate would have it, our good friends to the south, the American National Red Cross, they were unionized in Los Angeles, their nurses formed a union. Shortly thereafter, the nurses for the Red Cross in San Jose were unionized, and we knew--

LaBerge: You were next.

Kane: We knew that they're going to go after volume. They're not going to be bothered with a little blood center that has six nurses. They're going to go for--I mean, you have to be smart. If you're in business, you have to be smart, and they're going to go, and they're going to go where the volume is. We knew it was going to happen.

LaBerge: Do you know about what year this was?

Kane: 1975. And we had--

LaBerge: So right before the suit also.

Kane: Yes. I don't remember when that suit--

LaBerge: The suit was '77.

Kane: But everything happened kind of [claps hands]. It was very well orchestrated. Seiji [Osawa] could not have done a better job if he had planned it himself. It was very well orchestrated. The veil was easily pierced. If we were supposed to not realize what was happening, we realized. So we were not unaware of where it was coming from.

And unfortunately, we had a blood bank that was so of one purpose, and I say this, and I have to qualify what I'm saying, because this was how I felt. I had a pretty good rapport with the staff. Yes, I could make things very difficult for them, but they knew I never would, unless there was a reason. So I always thought we were a blood bank of a singular purpose. I hated to see what happened in unionization. I have found through my life experience then and since then that really, it is utterly amazing how many people who are very happy in their job become unhappy when someone tells them that they should be unhappy in their job.

So we went through the first series, and it was a learning experience. I mean, talk about going out and having to learn something I knew virtually nothing about, which was labor unions and how they operated, and legally how they operated, and all the legal ramifications that one would be exposed to if you didn't know the consequences of once normal actions. So I took a crash course in midnight reading of everything I could lay my hands on that had anything to do with labor negotiations, labor movements, the history of the organization that was trying to organize our blood bank--

LaBerge: Which one was--was it just the nurses?

Kane: They started out with the nurses.

LaBerge: And what union was it?

Kane: Service Employees International Union, SEIU, Local #535.

LaBerge: Boy, you have that indelibly printed on your memory!

Kane: It's going to be on my gravestone. But they historically, up until the time they started representing the nurses in southern California, the Red Cross workers, they had been a service organization representing primarily people who worked in and around graveyards, the gravediggers really, and janitorial workers. But SEIU now is one of the biggest unions in the country, and I think, they embrace a large segment of the medical profession. So they too worked their plan, and they worked their plan well.

But again, the unionization of Irwin, that was my introduction to the board of directors (at Irwin they were called the commission), and it was only because Bernice wanted me to report what was happening in labor negotiations that I started going. And at first, I stayed in my office until they were getting ready to come to the labor section of the agenda. In time Bernice had me join the meetings from start to finish. Then that went on until she left and I left.

What else can I say about unions? The Service Employees Union started by organizing the nurses.

LaBerge: And when you say started, would they just come in first and hand out literature, or would they have meetings?

Kane: What they do is they will first find someone in the organization that they can talk to. The way they got into Irwin was a couple of the nurses that worked in San Jose made contact with a couple of our nurses, and they just kind of sat around at dinner or

lunch or whatever, I have no idea. But it was, "Well, here, take a copy of our contract. This is what we won." But unfortunately, we went through--when I say unfortunately, a lot of the things that the Red Cross was winning, our nurses already had. But as I said earlier, you're very happy in your job until someone says, "Jeez, you shouldn't be happy with this."

So initially, we never really got involved in issues that came to a strike, although they threatened that they would strike the American Association of Blood Banks convention that we were going to have in San Francisco in 1975. If we didn't have an agreement, they were going to have a strike. I told Bernice, I said--and it was the Friday before the entourage was due to start descending on the Hilton Hotel--I said, "This is what they want. It's this, or they're threatening a strike."

She looked at it and she said, "Well, what do you think?" I said, "I think we can do better." She said, "Do it." So she always gave me my head. And when I put my head through the wall, I made sure I was always the first one that said, "Bernice, I walked that plank, I also fell in the water." But we settled. I think unions love to go the dramatic route. You could settle at noon on a Friday, but if you can settle at five a.m. Saturday morning, the impact that it has on these future followers of the great union is just, "Wow!" Did they get more by keeping me up until five o'clock? No. I just made up my mind, if you can stay awake until five o'clock, I can stay awake until five o'clock.

So I remembered that we signed off then with the understanding that this has to be approved by our executive director, and it has to be approved by our board. I think we were able to negotiate twelve contracts, and that's what it came to, because they tried to organize all of the group--after they got the nurses, they tried to organize all the clerical. They went for one great big pool, all the people that worked in medical records, the clerical people in research, the clerical people in the business office, the people that were clerical in the administrative office. They tried in all of our centers, they tried to get all of these clerical people into one big outfit.

Well, that went down to defeat, but you still had to fight it. So your concentration is being drawn from other things while you're fighting the union, and you fight the union with words, with meetings, with pamphlets--you fight them with whatever you have to fight them with that's legal.

They failed in getting the large groups, and then they concentrated on just ticking off one little group at a time.

LaBerge: Like technologists, or janitors, or--

Kane: The first time that they tried to organize the technologists--they did have an employee who wanted to organize--we went through the whole thing, we brought it to a vote; the technologists refused it. They didn't want it. We were able to defuse the union's attempt by taking the nurses' contract, and comparing it to the nurses and the union proposal. I had one of the technologists read the proposal, and I had another technologist read the agreement that we signed. The technologists did not see an advantage.

But it's always easier to work against something than it is to work for something. So as we kept trying to put out the brush fires, they kept igniting. They eventually ended up getting the telephone donor recruiters, the medical assistants who worked with the nurses, the medical technologists, the dispensing clerks, the maintenance people--did I say that?

LaBerge: No. Any doctors?

Kane: No. And unless I can think of something else, I think that was it.

Negotiating Contracts

LaBerge: And all in the same union, SEIU?

Kane: Yes. And then, of course, with one exception, all of the contracts that I negotiated were for three years. So I negotiated two contracts with the nurses, I had two contracts with the telephone donor recruiters, one of which was a decertification. They voted for the union and then they voted out of the union, but you still have to work on that. Two contracts with dispensing. So there were multiple contracts, and I think all in all, a total of twelve, I'd say twelve to fourteen, but I think it was more like twelve.

Fortunately, we were able to do that without ever having a strike. And I think a lot of that was because we had, despite the fact that there was unionization, there was still a rapport. I could see, if you were on the opposite side of the table and if I felt that what you were complaining about was bona fide, I'd say, "You can put this in the contract if you want it, but we don't have to, because I can see what you're talking about. It makes sense. We can change that. But if you think it's necessary to be governed by a contract, put it in. I don't think

so." Lots of times, we made deals like that that never got in the contract.

And I don't know what the state of Irwin is today. I have absolutely no idea, I've had very little if any exposure to Irwin since the day I left. It was a wonderful experience, I am grateful that I had the opportunity to participate in that kind of service. It was the sort of thing that I was meant to do, I realize that now. I have looked back and I have thought, of all the different things I could have done with my twenty-five years which would have been perhaps far more lucrative, far more enduring, and then I have to say to myself, You know, but you were where you were supposed to be at the time you were supposed to be there. And that's kind of the way I look at it.

So I don't know if I've answered--

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Kane: I don't want you to think that I was the only person involved in labor negotiations. We had to have legal representation.

LaBerge: I was going to ask you, did you go to Dave Willett to help you on that?

Kane: No, we went to labor experts. We had the firm of Littler, Mendelson, Fastiff and Tichy. Our legal counsel was Allen Teagle.

LaBerge: I think I've heard that name.

Kane: And Allen would sit in with me on all negotiations. I would sit in with Allen, I suppose is the more correct way to put it. His job was to keep me out of legal trouble. My job was to know what it is we're talking about, what is it that we're discussing, what is the underlying issue, what kind of fluff are you putting out, and what is it that you really want? Let's cut through it all and let's get to the bottom. All too often, you would know what the underlying issue was, but you had to go through this facade of all this back-and-forth language and counterproposal, proposal, counterproposal, because this is the way unions do business.

Unions are businesses, and like every other business, they have to justify their existence, they have to make money to stay in existence, and a lot of what they do is to make a good show for their members.

Now, do I sound antiunion? Perhaps to some degree, but I can tell you, I realize that there was a time when unions were

absolutely necessary for this country to grow. I think unionization, and you can start tracing it back not only as it relates to the Irwin Memorial Blood Bank, but concentrated unionization started I think in the early sixties. There's an underlying current here. When we had the great social programs of the sixties--

LaBerge: With [Lyndon B.] Johnson?

Kane: Right. What was that? It wasn't the Great Frontier--the Great Society, wasn't that it?

LaBerge: Great Society or War on Poverty or both.

Kane: Yes. When we started getting more federal input, more federal money, we seemed then, at least as I read and as I put things together, that's when we started to see unionization.

Medical Care in the U.S.

LaBerge: You mean in the medical field?

Kane: Yes, in the medical field. And I had hoped fervently that what I call union attitudes would not be able to taint medical care in America. It's not only unions that have done this now, but our own--our, we, the American people--have allowed medical care in America to reach the point that it's in right now. I suppose anyone who has ever worked in an allied medical field or directly in the medical field--I consider myself as working in an allied medical field--I am so disheartened to see what is happening in the medical field today, where insurance companies are dictating how medicine will be practiced.

Suppose that you live alone and you have medical instructions that you're supposed to follow in order to prep yourself for your surgery the following morning, and there's no one there to help you? And suppose you just feel so rotten, you really can't even get yourself up to make yourself a cup of tea? But you're required to get yourself to the hospital at nine o'clock in the morning and have yourself as prepped as they tell you you should be prepped so they can push you into O.R. with as little delay as possible just to avoid an overnight in the hospital.

That's sick. Medical care today is sick. And how did it get that way? Because there weren't enough people who were willing to take on the bureaucracies and say, "We don't need this

money, take it back. We're going to give you a choice. You can either spend a lot of money, or you can have a choice. We don't want you to pay Irwin for all of the blood you received; pay us the processing fees. Put the blood that you used back in the blood bank for the next patient who needs it." Where were all the great physicians of that time? Why didn't they stand as tall trees or was it easier to have the insurance companies decide how medicine was going to prevail? Where are they now? Many are working for insurance companies.

So I think that when I say Bernice had such vision, she did. I just think I would like to say that Bernice was as successful as she was, at a time when women were not supposed to be successful. They were not supposed to be the doers. And she achieved in spite of, not because she is a woman.

Women's Predominance

LaBerge: And your whole organization was made up mainly of women.

Kane: Predominantly women.

LaBerge: Do you want to comment on that?

Kane: Sure. I thought about it at the time I went there, and I used to tell this to people when I interviewed them. I said, "If you're coming here looking to find some nice gentleman, you might meet a nice donor, but you're not going to have many male coworkers." Because it was predominantly the kind of a field that attracted women, because I don't care who says what, women are more caring. Well, we had nurses, predominantly women at the time, medical technologists, our volunteer staff, the majority of them were all women.

I used to tell prospective employees, "It's not like being downtown where you're going to go out for lunch, and you can go to these different places. You're going to work here at the Irwin Memorial Blood Bank, you have to want to work here. There has to be something inside of you that says, `I want to work here.' And if you want to go out for lunch, you walk down to Petrini's and get a sandwich and bring it back, or you brown-bag your lunch." Because we were in the hinterlands, really. But it was an organization that had heart.

LaBerge: Well, Bernice talks about it as her family.

Kane: Yes. She gave so much of herself. It was not at all surprising on any given day to find that Bernice had worked maybe until three o'clock in the morning, and she was in there at nine, or eight. And Emi was the same way. How they did it--. Bernice not only did Irwin, but she did so much work for the AABB. She was a consultant to various blood bank agencies in South America. When she joined AWIU [American Women for International Understanding] and they started going into different countries, I remember, I think her group was the second group to go into Russia. I think a group headed by Shirley MacLaine was the first, but I think her group was the second.

Bernice Hemphill's Diplomacy

Kane: I'm so intrigued, because Bernice went to China. She's been many times since, but I'm referring to the first or the second time that she went. She very much wanted to see their blood bank system. She had seen it in Russia, and she wanted to see it in China. They kept taking her in a different direction. Well, when Bernice Hemphill has her mind made up to something, watch out. I mean, talk about a train wreck. When Bernice has her mind made up that she's going to go from point A to point B, she's going to get there. I don't necessarily say it's going to be the easy way, she may have to alter her routing many times, but she's going to get there.

She wanted to see their blood bank, or whatever transfusion services they had. She kept getting diverted, getting diverted. Finally, she went to the health minister. Now, talk about diplomacy: this is what we as a country need today. She told the health minister she did so want to see their blood system, because she was involved, explained what she did here, to the degree I don't know, but this is as she relayed the conversation to me.

And the health minister said to her, and I think this is so incredibly enlightening about this woman. The health minister said to her, "We are not trying to keep you from seeing our blood banking or our blood transfusion services. We are ashamed of them." For that admission, they were so antiquated compared to what she was used to that they were ashamed to show her. But for her to be able to have such rapport to get that response from people who will admit to almost nothing that isn't laudatory of their systems, for him to say "we are ashamed," to me that exchange is the stuff ambassadors are made of: being able to reach another and touch them into a response that shows mutual respect and unity of purpose.

She said, "Please don't be. I am not here to run a checklist." Some words to that effect, and I thought, How many people could get that response? You know? She did a lot of things like that. And I think everyone that worked with her, everyone that worked for her, you have a different perspective of Bernice. Everyone has a different feeling. They see different things. And of course, that's because each personality that's looking upon another is going to see it differently. But I have always referred to her as my mentor. She really put me through the ropes a lot of times.

Decision to Leave Irwin after Bernice's Retirement

LaBerge: Oh, and she told me that. She said that everybody would get mad at her, but that you got mad at her and you quit several times.

Kane: [laughs] Yes.

LaBerge: When did you quit?

Kane: Oh, I don't know. At least three times. But you know, I think it's because we're very similar and very dissimilar. I fit myself into a situation here [motioning] and she wants me to move there. Well, I thought that this was the best place for me to be at this time. This is the way I wanted to handle it. We'd always come to a compromise.

LaBerge: Obviously you did.

Kane: We'd always come to a compromise. You know, at least from my point of view, I think the fact that when she would push, I'd push back, we, I think, had a much closer relationship than most. There were things that I could tell her that I don't think too many other people in the blood bank would ever think of doing. I would go into her office and just say, "You know what just happened?" And as I say, when I did something that--I know it's going to come off the ceiling, I would just go in and I'd say, "Bernice, this is what I just did. I'm preparing you. You're going to hear about it."

And I think the reason that she let me get away with what I did was that she knew I was always honest with her. Even when I was quitting, it was because I have principles, too, and my principles weren't then, nor are they now, they're not for sale and they're not for bartering. And she's a very principled person herself. So I think that, plus the fact that we're both as Irish as Paddy's pig, helped our working relationship. But I

don't know, I quit at least three times. The last time was the final time.

LaBerge: Where you actually quit?

Kane: Yes.

LaBerge: But I thought that the two of you left at the same time, or no?

Kane: No. I had agreed to stay on through her final year, and then when she left, I felt, I'll see if I can stick it out to see what's going to happen here. Because I felt an obligation to the staff.

LaBerge: To keep things running smoothly?

Kane: Yes. Because we had a good staff. As soon as I saw--I don't need a house to fall on me to see things. I was in the stages of completing negotiations for a contract when that transition took place, when the new person came in. I wish I could tell you which contract it was, but while I was in negotiations with this unit, the new managing, the new executive director went out to lunch with the union bosses. I didn't know about it, I wasn't told about it. He let them take him out to lunch, and I thought, You so-and-so. I know where your priorities are. And the first thing he asked me for when he moved in was, "I'd like to see the architect's plans for this building and what we're going to change." To myself I asked, "These are your priorities?" I knew then if I didn't leave, I'd be out the door on my ear.

So it worked out well. I have no regrets. I did for a time, but I think it's because I felt like I had lost my home. When you're used to going somewhere every day and you're used to having so many concerns and so many problems and never having your in-box empty, never being able to say, "I finished my work for the day," suddenly to be able to say, "I don't have any more work today," it was an adjustment. It was a difficult adjustment, but I look back at it now and I just think it was a good experience. I'm glad that that's where I chose to have my working career.

Irwin's Firsts: Heart Transplant and Trauma Center

Kane: There's one other thing out of context, but one other thing I want to tell you, because I think it's fairly important, and that is that Irwin was the first for a lot of things. We were the first to provide type-specific fresh blood to Stanford

University, I mentioned that. We provided it for their first heart transplant.

We also were responsible for something which I'm very proud of, and I'm sure that Bernice is, too--there's no question that she's proud of it. We organized, to the best of my knowledge, the first trauma center in the country, and we did this at the San Francisco General Hospital. We had a lot of young surgeons who had returned from service in the Vietnam War, and they saw on the fields of war what the value of infusing warm blood was, how much warm blood was able to extend or save lives. They had wanted to get a program going. Some of their colleagues, and of course, these young surgeons that came from Vietnam, when they had their medical meetings, they all kind of would gather and chat. They were trying to get something going on the East Coast or one of the large hospitals there.

There were some here at San Francisco General, I can remember just a few names: Dr. George Sheldon, Dr. Robert Lim, and another doctor Bernice will know. He was sort of in charge, tall, handsome man. But we started--I don't even know how the conversations began, but they came to us and asked us if we could do this. Warm blood?

LaBerge: Really fresh?

Kane: Really. I mean, not more than four hours old. It was a real challenge. That's one thing Irwin never, ever did, was run away from a challenge. I mean, you challenged us, we tried, and we'd give it a full try. It wasn't, "Well, we'll try," and then tell them, "Well, it didn't work." We gave it 100 percent.

Anyway, what we did, and it was really quite a beautiful thing, the way it worked. We organized within our own blood bank a trauma team. We had a certain group of nurses and certain group of medical technologists and a certain group of telephone donor recruiters, and key people that we needed, and we said, "If we can get this group together and start out this way, then we can expand it."

So by organizing our group, Irwin was able to provide fresh blood for trauma victims from automobile accidents, from gunshot wounds, from any kind of trauma. We would call donors, and we even had donors who we had as part of our trauma donors. We would call them at two o'clock in the morning. These people at two o'clock in the morning would get up, get out of bed, come down to the blood bank, we'd draw their blood. We'd send it out while our technologists were doing a quick typing on it, so they had that available for the trauma patients. Countless children's lives were saved, adults, and so on and so forth.

I don't know what's happening now, but I'm telling you, that was a beautiful thing, the way it worked. And it was so great of our donors. We had donors that felt like we were family. I mean, we knew them by their first name, they'd come in, we'd joke with them, we'd tease them, the cops were in all the time. They were great for giving blood. If ever you had a need, you'd call on the police department, they always responded. There were just certain groups of people that their generosity, it just touched your heart.

Dedication of the Staff

Kane: You'd have a bad day, and then whang, you'd go into trauma when you least expected it. You're getting ready to go home, you had a bad day, you get a trauma call. And you successfully complete that trauma call, and you get that blood out there, your whole bad day just went away. On your way home, you just think, Wow. And you feel privileged. I guess that's why so many people, when I would interview them, I would say, "You have to want to work this kind of a job. It's not for everyone. You have to care. That's one of the most important things. You have to be willing to share of yourself, because you just can't care from nine to five. Things are going to happen at five minutes to five that we don't know anything about, and we're going to respond. We are not ever going to say, `I'm sorry, we're closed.'" I don't know what the situation is at Irwin today.

We eventually ended up being a blood bank that was open seven days a week. Why? Because our services were required seven days a week. And as I mentioned earlier, from a blood bank that was drawing 35,000 units of whole blood a year, when I left, we were drawing about 125,000 units of whole blood per year, plus all the components that we made from those units. So our staff, the size of our organization, everything just expanded, expanded. If you were a profit-making organization and you had that kind of growth rate expansion, you would be considered one enormously successful business. We were one enormously successful blood bank.

But being number one is being the tallest tree in the forest, and it's very difficult to stay number one in anything forever. Why? Because it's like being the number-one tennis star in the world. You can be that for a given period of time, but then someone else is going to come in with different strokes, different approach, different net shots, and that's good, if it builds on strength. If we build on strength, then changing positions, changing philosophies, that's good, if you're building

on strength. But if we are changing for the sake of things being easier, or things being less complicated, or things not demanding so much of self, then I question the change.

Dr. Charles Hemphill

LaBerge: Do you have things on your list that we haven't covered? One thing--not just one thing, but an important one that Mrs. Hemphill mentioned was how you and her husband got along so well.

Kane: Oh, I loved him. You have to excuse me. [tape interruption] We were buddies, Charlie and I. I guess today's terminology is we were buds, but we were buddies. He, of course, spent the major portion of his adult life in the navy. He was true military.

LaBerge: And you had been in the marines.

Kane: And I was military, so we came from the same school of thought. But Charles Hemphill was one of the kindest, gentlest human beings I've ever met. He was so devoted to her. He was--you see it [voice breaks], it's not very often that I get emotional, but I guess talking about things past, I don't get emotional. But he was her anchor. She could go and do whatever she needed to do, whatever she felt she needed to, he was always there to support her. If he had to go into Valhalla with her, off he would go. And he'd get in his tux and he'd say to me, "Blankety-blank, I hate this monkey suit." [laughter]

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Kane: At one time Charles and I each smoked so we would go off, and we would talk about anything. We could talk about the ships, that's when we were up at Bernice's, we could talk about what was coming in, and he would tell me what it was and he'd describe what it was. Or we could talk about the politics of the day. We could talk about anything. We could talk about what's happening in medicine. He shared so much the same views as I did. He used to get very upset when he told me, "We have to lower our standards in the medical school," and he'd say to me, "Can you believe that we're doing this? We're lowering our standards to let people in the dental and medical school?"

I mean, Charles was like Bernice. He knew what this was a portent of. When we'd go to blood bank conventions, Irwin was always represented. Bernice went, and then there would be, depending on what the subject matter was, there would always be some Irwinites. We would also go. Charles was the kind of a

person, if we were all going into the banquet or the closing ceremonies, or if we were all going on an outing somewhere, he was the surrogate keeper of the henhouse. [laughter] He always, always would see, "Now, where's so-and-so? Where's Arlene, where's Emi?" He would always make sure that his group, they were all clustered together.

He was that way about--he was just that kind of a guy that you would think, you know, if you could pick your parent, you'd pick somebody like him. Good-natured, good-humored, wise, quiet. Charles listened, and he processed, and he generally was about four steps ahead of everybody else, because he preferred to listen while others preferred to talk.

And when he died, it was so hard for Bernice. It was so very hard, because he was always there, and then suddenly--she doesn't have any brothers or sisters, obviously you know that. Aunt Mae, Bernice's aunt used to work at the blood bank, she had long passed, and her mom. So she really has maybe a cousin or a brother-in-law somewhere, but when Charles left this earth, she was so alone. She became for the first time in her life very vulnerable. In a way, vulnerable, not in a way that you're going to take advantage of her on a political discussion or something like that--no. But her heart was empty. And I think it took a long, long time for her to get over that. I know it did, because there are some things people understand about each other that you don't have to explain. I knew that whenever Christmas came, she'd leave town. Then one Christmas she stayed, and I knew.

LaBerge: It was over. She had healed.

Kane: The healing had taken place. She still misses him. She still looks back and says, "Oh, if I could have done this, I should have done that." Well, goodness gracious. If we looked back and changed our lives, how happy would we be? I don't think so. Charles wanted her to do what she wanted to do, and while she was off doing her things, he loved photography, and he was a marvelous photographer. He had his own boat and he liked to go boating, and Charles liked to read. So he was happy. It was okay with him. Everybody used to say--and Bernice would probably tell you this, too--"Poor Charles." You know, like he was being abandoned.

Poor Charles--he was okay. "This is what my wife wants to do; I'm okay with it. And when she needs me with her, I'll be there, and when I'm here at home, I'm okay. I have my quiet time, I love it." And he is a man that, every time the date of his passing comes, I remember him, and I will until I pass, because to me, he was just one terrific guy. I really loved him.

And I feel the same way about her. There were times I could have strangled her, and she knows it.

LaBerge: Right.

Kane: But in my way, I love her.

LaBerge: Well, I think it shows the family situation at Irwin, because those are the kind of strong feelings that bring both anger and love, I think.

Kane: Yes. Well, I don't think you'll find too many people crying over Bechtel. [laughter] I don't think too many Bechtel employees get tears in their eyes from caring, or IBM, or Standard Oil. And I doubt seriously that anybody would cry over the Red Cross. Although I think it's changed now. I'm just Irish; I can't help it. I tear up at parades and weddings, and if I see a flight of birds that particularly touch me. I think it's part of caring.

LaBerge: Well, I'm going to turn this off now, and thank you very much.

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Berkeley, California 94720

BIOGRAPHICAL INFORMATION

(Please write clearly. Use black ink.)

Your full name: Emiko Shinagawa

Date of birth January 7, 1930 Birthplace Berkeley, CA

Father's full name Shizuo Sasaki (deceased)

Occupation Business Manager, Nichi Bei Times, S.F. Birthplace Japan

Mother's full name Kimiyo Sasaki

Occupation Florist (retired) Birthplace Japan

Your spouse John T. Shinagawa

Occupation Building Manager (ret.) Birthplace San Francisco,CA

Your children Robert Tetsuro; Susan Matsuko; Arthur Mitsuru; James Yutaka

Where did you grow up? Berkeley, CA; Topaz Relocation Center, Utah(during WWII);San Francisco (post-war)

Present community Richmond, CA

Education See attached

Occupation(s) See attached

Areas of expertise Administrative aspects of blood banking; management, word processing

Other interests or activities Calligraphy, crafts, writing

Organizations in which you are active See attached

BIOGRAPHICAL DATA

Name: Emiko Shinagawa

Birthplace: Berkeley, CA

Address: 3011 Phillips Court
Richmond, CA 94806

Telephone: 510/222-0141

Education: Graduated cum laude
Lux College for Women, SF
Associate of Arts Degree

Husband: John T. Shinagawa

PROFESSIONAL EXPERIENCE

7/5/50-10/31/82: **Irwin Memorial Blood Bank of the San Francisco Medical Society** Employed July 5, 1950, as a Secretary; promoted over the years to position of Administrative Secretary, Assistant to the Executive Director; and (1979) Administrative Director. Resigned October 31, 1982.

Duties included management of administrative office, administrative files, and corporate records; supervision of administrative staff of 7 including director of public information, administrative assistant for community services, and director of volunteer corps; screening of all correspondence and typing or dictating replies as indicated; drafting of policy and procedural memos, white papers, reports, articles, and speeches on blood banking for Executive Director; editing of all public information materials; assistance in preparation of annual budget and in administration of salary reviews; review of state and federal licensing requirements to assure blood bank's compliance, and analysis of pending legislation, compilation of monthly statitical reports; investigation of complaints and legal problems; attendance at monthly Board meetings and preparation of minutes; attendance at national blood banking meetings; and on-call responsibilities related to administrative decisions.

12/1/82-7/31/84: Retained as **Consultant to National Clearinghouse Program of the American Association of Blood Banks** to help prepare for transition of Program from San Francisco to AABB National Office in Arlington, Virginia. Services included revision of Clearinghouse policies, procedures, and forms; assistance in updating of Clearinghouse computer program; writing of Clearinghouse office procedures manual; revision of Clearinghouse Guide and Directory; and participation in five regional meetings to indoctrinate blood bank participants to Program revisions in preparation of move of services to Arlington.

8/1/84-12/31/84: Retained as **Consultant to Blood Research Foundation**, San Francisco, to assist with establishment of non-profit California corporation, and with organization of Foundation office.

3/86-11/86: Worked for **Kelly Services** as temporary worker; primary assignment as secretary for David E. Adelson, Attorney at Law, Emeryville, California.

3/86-10/93: Established home business, **EMI ENTERPRISES**. Handcrafted and sold Washi Ningyos (Japanese dolls made entirely of paper) as well as designed and sold notecards and other craft items made of Washi paper.

Also provided word processing and calligraphy services.

PROFESSIONAL AFFILIATIONS (VOLUNTARY)

Member of **American Association of Blood Banks**, 1960-1983. Served as:

Co-editor of book, "AABB Administrative Procedures and Practices: A Guide for Blood Banks and Transfusion Servicers", 1974.

Chairman (1976) and member of AABB National Committee on Clearinghouse Lifeline Program, 1976-1982.

Secretary (1980-81), and elected member of AABB Administrative Section Coordinating Committee, 1978-81.

Chairman, Ad-hoc Committee on Administrative Guidelines; drafted "AABB Administrative Guidelines for Blood Banks", 1979.

COMMUNITY AFFILIATIONS (VOLUNTARY)

Nikkei Lions Club of San Francisco: President, Lionettes, 1982-83

National Japanese American Citizens League Thousand Club: Member, 1982-present.

Contra Costa Chapter, Japanese American Citizens League: Member, 1972-present. Served as:

Editor, CCJACL Newsletter, 1979-81
Board member, 1980-81
Chairman, Picnic Committee, 1983
Editor, 50th Anniversary Book, "A Look Back", a 50 year history of CCJACL, 1985
Member, Telephone Committee, 1984-1990
Member, 1000 Club Steering Committee, 1988 and 1991

Co-Chair, Awards Committee, 1991

Japanese American Services of the East Bay: Member, volunteer verifer at weekly bingo games and special mailings, 1988-present.

National Japanese Historical Society: Volunteer resource person, Strength & Diversity exhibit, Oakland Museum, April 12, 1990.

Northern California-Western Nevada District JACL: Participant in Women's Concern Committee's "An A Faire for Women: Celebration of Ourselves", Laney College, Oakland, September 19, 1987.

Also volunteered services as lecturer and demonstrator on Washi Ningyos for: Daruma School, a summer cultural school of Japanese American children; CCJACL's Kids Day; Sun Terrace Elementary School's International Day, 1986-1993; and volunteered for neighborhood fund raising drive for American Heart Association, 1990.

Friends of Calligraphy: Member, 1985-present

Calligraphers Forum, Member, 1987-present

AWARDS

Certificate of Appreciation, Contra Costa Chapter JACL, 1982.

Certificate of Appreciation, American Association of Blood Banks, 1982.

Distinguished Service Award, American Association of Blood Banks, 1984.

Plaque Award for outstanding services over past 8 years, Contra Costa JACL, 1987.

Silver Pin Award for 10 years of continuous services, Contra Costa JACL, 1988.

XII ADMINISTRATIVE DIRECTOR, IRWIN MEMORIAL BLOOD BANK, 1950-1982:
INTERVIEW WITH EMIKO SHINAGAWA

Employment at Irwin, 1950

[Date of Interview: November 7, 1995] ##

LaBerge: Why don't you tell me how you happened to come to Irwin in 1950?

Shinagawa: Well, let's see. I had just graduated from Lux College, which was a women's college that's no longer in existence in San Francisco. A former college graduate was working at the blood bank, and that's Margaret Harrell.

LaBerge: Oh, I've heard her name.

Shinagawa: Yes. And she contacted me about a job, and I went for an interview and was hired. I started out as the secretary.

LaBerge: What had your training been in college?

Shinagawa: Medical assistant.

LaBerge: So you were particularly looking for something in the medical field?

Shinagawa: Yes.

LaBerge: Did Mrs. Hemphill interview you?

Shinagawa: She may have interviewed me very briefly, but it was mainly Mrs. Harrell who did the interviewing.

LaBerge: Okay. So you were hired as a secretary. What was your job description, or what were your duties?

Shinagawa: Just general office--filing, letters, typing. Just general office routine at that time.

LaBerge: What were your first impressions of Mrs. Hemphill?

Shinagawa: Oh, well, I was tremendously impressed with her, that she was young and attractive, and to be a woman at the head of the blood bank was--.

LaBerge: Arlene Kane remembered how she came to the interview with gloves and a hat on, and she was just so taken aback by it, just by her appearance. She was very funny: she said, "I don't know if this woman's coming or going." [laughter] You can hear Arlene say that. And I think, like you, was really very impressed with her.

Well, what kind of contact did you have with her to start with when you were doing your first job?

Shinagawa: Primarily just, she used to dictate some letters to me. At that time, she was involved with the fight against the Red Cross. I came to the blood bank in 1950, so it was just when the Korean conflict was starting up. I remember being very surprised that she was saying these things about the Red Cross, because everybody had this very good impression of the organization. So gradually, I got involved with her into the politics of the situation.

The Korean War and the Red Cross

LaBerge: Tell me about the controversy with the Red Cross over the Korean conflict. What was that?

Shinagawa: Well, it was primarily because the Red Cross, being I guess you'd say quasi-governmental, was the supplier of blood for the Korean conflict. At that time in California, there were several nonprofit community blood banks that were not affiliated with the Red Cross, blood banks that operated similarly to Irwin Blood Bank. They could not have any direct role in providing blood, although most of California at that time, I think, was supplied by these nonprofit community blood banks. Eventually I guess they came on board as subcontractors to the Red Cross, but otherwise it was the Red Cross who was

going to come in and draw blood from the community, and not use existing facilities to participate in that.

LaBerge: This was before the clearinghouse started, is that right?

Shinagawa: Oh, yes, before the clearinghouse.

LaBerge: So were you involved in any of the negotiations, even to become a subcontractor?

Shinagawa: At that time, I wasn't involved. I was only involved with the correspondence of that.

LaBerge: Okay. So that's probably how you learned everything, just from typing all that up.

Shinagawa: Right.

Clearinghouse and AABB Activities

LaBerge: Well, tell me how then you rose to different positions in the blood bank and became more involved. What did you do after you were the secretary?

Shinagawa: I guess I got more involved with the administrative end of blood banking, and I got more involved with Mrs. Hemphill and her voluntary activities with the American Association of Blood Banks and the California Blood Bank System.

LaBerge: Were they volunteer activities for you?

Shinagawa: Yes. But I used to travel a lot with her to meetings and so forth. This was voluntary in the sense that I was doing this voluntarily, but the blood bank was supporting it in the sense that if it was on blood bank time, they still paid you the salary.

LaBerge: What did you do as far as the clearinghouse?

Shinagawa: I helped Mrs. Hemphill organize the clearinghouse. I'd often accompany her to sell the idea to the different districts. She always would say that the men were the planners, but she was the detailist, so she and I and others would sit down and figure out the details of how the program would operate.

LaBerge: Did you think that was true, were the men the planners, or was she the planner?

Shinagawa: Well, she actually, she had the ideas. The men on the boards of the American Association and California Blood Bank System would go along with the idea. They would approve the idea, but they would not sit down with the nitty-gritty and then figure out the details. That was left to us.

LaBerge: And it was pretty complex.

Shinagawa: Well, actually, it was very simple, but it seemed complex. The clearinghouse concept seemed complex to very many people, but it was really basically very simple. It was just a matter of debits and credits, only you were dealing with blood and money and so on.

Ghost Writer

LaBerge: When you traveled and did try to sell the idea, did you yourself give speeches, or did you help her write speeches, or did you--

Shinagawa: Well, I helped her write speeches. I was pretty much a ghost writer.

LaBerge: You know, I did wonder. She and I haven't talked about that, but there are so many speeches just in two volumes she gave me, and I think there are more.

Shinagawa: But many of them are repetitive.

LaBerge: Yes. I could see different paragraphs that would be the same, but there would always be new things, and there would be quotations from Thoreau to Benjamin Franklin to whomever.

Shinagawa: The basic outline or the basic idea of the speech was Mrs. Hemphill's, and she always liked to use examples or quotations to emphasize her points. So that's the basis for all that.

LaBerge: But are you the one who found the quotations, for instance?

Shinagawa: Pretty much.

LaBerge: And how would you go about doing that?

Shinagawa: Go through all these books of quotations.

LaBerge: And just find good ones.

Shinagawa: Yes.

LaBerge: Because the speeches are wonderful, even the way they're typed up--they were typed up in those days--in block print. I mean, they were easy to give.

Shinagawa: Well, you know, actually we would spend hours on her speeches. I would do a draft, and she'd go over it, and she was very particular about not using the same word twice in a paragraph or something like that. I would redo it--and this is before computers, too--and I used to cut and paste. We would spend hours, up to the last minute, on the final draft. And then she'd get up there, and she would just talk off the top of her head, really. Hardly, very rarely did she use the complete speech as it was written.

LaBerge: But if you hadn't put all that work in, she probably couldn't have just--

Shinagawa: Maybe. [laughter]

LaBerge: But they really are wonderful. And you probably never thought you'd be writing speeches as part of your job.

Shinagawa: No.

How the Job Evolved

LaBerge: Well, getting back to just what your job was at the blood bank: you started as a secretary. So gradually, were you offered new positions, or did you just take on new duties?

Shinagawa: I think just gradually, I was given new duties. Eventually I was in charge of the administrative office staff. Then I was put in charge of overseeing the public relations staff. Then I got involved with Arlene [Kane] and the budget and personnel salary scales, and things just sort of evolved.

LaBerge: I don't know where I want you to start. I'd like you to describe a typical day, and maybe toward the end of--and there's probably not one typical, but describe different things you would do during the day. For instance, would you have an interview with somebody, would you sit down and go over the accounting sheets, or--?

Shinagawa: Well, I would still keep up with the correspondence. Towards the end, I was dictating correspondence to the secretary. And

pretty much maintaining the files the way I wanted them maintained, while the secretary would do the filing.

LaBerge: And these are donor files?

Shinagawa: No, these would be the administrative files. I used to go to the meetings of the Blood Bank Commission and take the minutes. Those were evening meetings. And any other meeting where Mrs. Hemphill wanted minutes taken, I would attend. I would sometimes meet with the staff, although Arlene had more contact with the staff. There were times when the staff would come to me with a complaint or a problem, or if there was a donor that was upset about something, I would see that person. I'd work with Arlene on, as I said, the salary scales of the different departments.

LaBerge: Would that include dealing with the unions?

Shinagawa: No, she did that. Arlene was the expert in that. I would meet with the accountant on the budget. I had to take care of being sure that the blood bank stayed on top of the FDA regulations, any new regulations that came out.

LaBerge: How would you do that? Did you just have to keep reading--

Shinagawa: Yes, I would have to read and interpret and be sure that the blood bank conformed. If there were new requirements for--oftentimes, there were requirements that had to be on the blood label, and I had to be sure that when we ordered the labels, that these requirements were met. And generally, I guess, it was that type of activity, anyway.

LaBerge: So at the end, you were really doing more supervising and administration?

Shinagawa: Yes.

LaBerge: Well, tell me if you can what it was like to work for Mrs. Hemphill, including what her style of management was.

Shinagawa: Her style of management? Well, in many ways, she was very easy to work with, and being a woman. But, being a woman, she was very strict on accuracy, neatness--in the work--and completeness. And she was a hard, hard worker herself, so she more or less engendered that in her workers. We used to work oftentimes, particularly because of the volunteer aspects, we used to work sometimes past midnight together.

LaBerge: Was she the type who would delegate the work or oversee everything herself?

Shinagawa: Initially, I think she used to sort of oversee everything herself, but towards the end, she got to where she could delegate more.

LaBerge: And you'd be one of the main persons she'd delegate to, I assume?

Shinagawa: Yes.

LaBerge: It would be you, Arlene--

Shinagawa: Arlene.

LaBerge: Margaret Harrell?

Shinagawa: On some matters, yes.

LaBerge: Anybody else?

Shinagawa: Well, the accountant.

LaBerge: Who was the accountant?

Shinagawa: Let's see, at that time--there were several accountants. Randy Hansen was the last one, when I left. He's still there.

Legal Controversy, 1977

LaBerge: I'll pick out a couple of the main issues that I know about, but then I want you to feel free to say, "I'd like to include this," or "Don't forget this." One of the main things was the suit in 1977. I used to call it the Red Cross suit, but it was really the Department of Consumer Affairs suit. Tell me what role you had in responding to that.

Shinagawa: My role was primarily that of research. The department requested all kinds of facts and figures and reports on how much blood was replaced, or how much was not replaced, and what hospitals, what their records of replacements were and so forth--all the statistical things that were requested, I had to round up the information and present it in a suitable format.

LaBerge: Was your deposition ever taken?

Shinagawa: No, they did not.

LaBerge: Can you describe to me your reaction to the suit when it was first served, or even before it was served and the publicity people came in?

Shinagawa: Well, I think the reaction was one of surprise, to think that someone would even think that the blood bank was anything but above board in its practices. And then after receiving the official document and going over it, it was just simply ridiculous, what they were saying. I know to Mrs. Hemphill it was really one of the most crushing blows that she had received in her career.

LaBerge: And I know from reading a couple of things, you may even have been quoted in this, the *Promises to Keep* booklet, how it changed what was happening around the blood bank, like just the everyday activities. Just having to put in extra work to do that.

Shinagawa: Well, yes, the extra work that every department had to put in to dig up these figures. It wasn't just today's figures; you had to go back years. That meant going back through old records, and then be sure everything agreed with everything else. It took a lot of time from everybody.

LaBerge: It certainly says something about how you kept the files so well that you could get--

Shinagawa: Well, fortunately, we did keep our records for a fairly long period of time. I don't know if that's still true, if they still keep it that long. But we were able to go back, and fortunately, most of the people involved were long-time employees, so memory played a role.

LaBerge: Did you accompany Mrs. Hemphill to any of her depositions or hearings?

Shinagawa: No.

LaBerge: So you were all behind the scenes.

Shinagawa: I was behind the scenes.

LaBerge: Was Dave Willett one of the persons who worked on that too?

Shinagawa: Yes. Well, he was the blood bank's attorney. But he brought in an associate later on, a woman--Pat Duran? I'm not quite sure.

LaBerge: Mrs. Hemphill couldn't remember her name either.

Shinagawa: But she was very good, very impressive.

LaBerge: Do you think the blood bank changed in its operations before the suit and after the suit? Like when the settlement came, was there some--could you see a change?

Shinagawa: I don't think so. Because the settlement justified that what we were doing was all right. We did have to change a few minor wordings on some of the brochures that we gave out to the public, but nothing significant.

LaBerge: But how about in the atmosphere?

Shinagawa: Oh, I think everybody was pleased about--I don't think that anybody working at the blood bank thought the outcome could be any different.

LaBerge: Did it bring everyone closer together in any way?

Shinagawa: Yes, I guess you could say it did. But we were pretty closeknit. I think the staff was pretty well a very cohesive group.

The Role of Women

LaBerge: You've mentioned a couple of times the fact that Mrs. Hemphill was a woman leading this organization, and the place of women. Women really had a role, the biggest role there. Do you want to make any comment on that?

Shinagawa: Well, I don't know if it's because Mrs. Hemphill herself was a woman, but actually, if you go back and look at early blood banking in the United States, most of the blood banks were operated or led by women. I think mainly because blood banking was thought of as a community, voluntary organization, where nurses had a role, and nurses then were mostly women. So these were the people that were put in charge. So blood banking had a lot of women involved in the early history.

LaBerge: When you would go around the country to different meetings and everything, was that ever a problem--I don't know--in dealing with the men, or mostly--

Shinagawa: No. All the men that were involved were very supportive. And Mrs. Hemphill was very persuasive.

More on the Suit

LaBerge: That's right, yes. [laughter] Do you have any more comments on the suit? Or any anecdotes?

Shinagawa: I don't have any anecdotes. It's just that the suit was time-consuming, took a lot of energy out of us, and particularly Mrs. Hemphill, because of personal comments that were made by the press and so forth. But actually, the San Francisco community were pretty supportive of the blood bank, and I think most of the press releases would show that. And it just--that was at a time, I guess, when the Red Cross was really threatened, because they were a large part of this suit, at least in California.

LaBerge: It was interesting to me that it came right after she had finished being president of the AABB, and whether that had any bearing on why they brought the suit at that time, or--

Shinagawa: I don't know that it had any bearing or not. I'm trying to think. Well, when she was president, of course, a lot of her emphasis was again on individual responsibility and the replacement system that Irwin had promoted, and the Red Cross at that time were finding it more and more difficult--they were part of the clearinghouse, and they were finding it more and more difficult to settle their debts. I don't know if she explained to you the clearinghouse system and how it worked.

LaBerge: Yes, she did.

Shinagawa: So they ended up owing a lot of blood, and that was primarily because of the replacement concept. Patients could have friends replace blood in other areas, and many of them lived in Red Cross areas. So it's probably because of that that the suit evolved, trying to break down that replacement concept.

Family Feeling at Irwin

LaBerge: Another thing that you mentioned is how the staff was so cohesive, and she has often mentioned how the staff was really her family. Do you want to comment on that?

Shinagawa: Well, she spent, I would say, most of her time at the blood bank, and I think because she never had children, she could devote all this time to the blood bank. When I first started, of course, the blood bank was a very small organization with a

small staff of mostly women. We all were like a small family. Everybody got along well with each other and were friendly. As the blood bank grew, it was not as easy to get together, and then when unionization started, things began to fall apart a little bit. But Mrs. Hemphill still maintained a good rapport with the staff, and they all respected her.

LaBerge: It almost seems--I know this didn't happen--but it seemed almost like each staff member was hand-picked, because it did become so part of a family, and it seems like everybody was so dedicated to the work and the vision that she had.

Shinagawa: Yes, pretty much so, I think.

LaBerge: And did anybody leave? I mean, it seems like you couldn't stay there unless you really loved it. You couldn't just get so into the work.

Shinagawa: I think most of the key personnel were long-timers. I think it's different now; I don't see many of them, but they're mostly retired, I guess.

Administrative Work for the AABB

LaBerge: Tell me what you did both for the clearinghouse and for the AABB.

Shinagawa: Well, primarily with the clearinghouse, once we got it established, I used to travel the country giving workshops on how it worked, and accompanied Mrs. Hemphill to all the clearinghouse committee meetings that were held, again primarily taking minutes.

LaBerge: How often would this be, like in a year, how many meetings, do you think?

Shinagawa: Oh, gee. I would say on the average, two or three.

LaBerge: And then separately, you did other things for the AABB?

Shinagawa: Then later, as the clearinghouse evolved, the AABB got involved with standards for blood banking, and inspection and accreditation programs. Then Mrs. Hemphill also helped promote--

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LaBerge: If you could just repeat, that she started--

Shinagawa: Yes. She got the AABB more involved in the administrative side of blood banking, and helped start the administrative section. As part of the administrative section, she helped put together the first administrative manual.

LaBerge: Did you help put that together too?

Shinagawa: Well, I helped with the--I don't really want to say editing, but I helped put it together. And then later on, I became a member of the section--I think they called it a committee--and I was the chairman of a sub-committee to write up the administrative guidelines for blood banking. The section also put out a revised administrative manual, which Mrs. Hemphill was involved in. So she tried to get the administrators more involved, because at the very early stages of blood banking, the American Association was mostly on the technical and scientific side.

LaBerge: Who would do that, now? Dr. Perkins, or--I want to rephrase that. I guess there was both the administrative side and the technical and scientific, so that you just expanded? That the American Association of Blood Banks just expanded into what they did?

Shinagawa: Well, yes. As the membership grew, and more administrative people came aboard, whereas their emphasis had always been scientific, then they began to add on the technical and the administrative.

Innovations and the Every Day Work of Blood Banking

LaBerge: What did you see as innovations that she made, or that Irwin in general made, or blood banking?

Shinagawa: Well, I don't know if she was the initiator, but she certainly got Irwin on a blood inventory system, in setting quotas for blood donations to meet the needs. She was a very active proponent of the replacement policy, primarily because of the individual responsibility concept. And then these things went on into her activities with the American Association of Blood Banks.

And her promotion of voluntary blood donation. Originally Irwin did have some paid donors, but as time went on, she became convinced that it wasn't necessary to use paid

donors, and the problems that they presented, and she promoted the volunteer donor concept. She got Irwin to be one of the first blood banks to go on 100 percent voluntary.

LaBerge: Do you know about what year that was?

Shinagawa: I think it was in the seventies.

LaBerge: I kind of think it was, too.

Shinagawa: And then that, too, she went on and tried to promote the voluntary concept within the AABB, and eventually the AABB did adopt the philosophy that voluntary donors were the way to go.

LaBerge: And this is way before AIDS, or before we knew about AIDS, anyway.

Shinagawa: Right, right. Because AIDS probably didn't come up until--well, just after she retired.

LaBerge: Did you get involved in any of the scientific or the technical aspects?

Shinagawa: No.

LaBerge: In the beginning, were you?

Shinagawa: No, not at all. Only in the sense of overseeing the regulations.

LaBerge: Yes, like you said, about the test tubes. Did you have anything to do with donors or donor recruitment? You mentioned if somebody had a problem, but other--

Shinagawa: A problem, yes. No, other than to watch the inventory, and watch the donor intake. Just overseeing. But I had nothing directly to do with donor recruitment. Although in an emergency when we were short of blood, there are times when I used to get on the phone and call donors in the middle of the night, when we were really short.

LaBerge: Were you the one who kept the donor records? Or did somebody else do that?

Shinagawa: No, there was a donor records department that kept the donor records.

LaBerge: But you watched every day how much blood was on hand?

Shinagawa: Every day, the donor records department would send up a report on the status of our current blood inventory and where they'd think they'll be at the end of the day.

LaBerge: So if you were down on a certain blood type or something like that, is that when you'd get on the--?

Shinagawa: Then we would either have to make a decision of, Are we going to try to keep recruiting, or are we going to have to borrow through the clearinghouse, borrow blood from a neighboring blood bank? That's where the decision came in.

LaBerge: And who would be the one to make the decision?

Shinagawa: Primarily Mrs. Hemphill. Because the more you borrow, the more you're going to have to pay back.

LaBerge: One time that I spoke with you on the phone, you mentioned different things that happened, and one big thing was the blood bank stamp. How did that come about?

Shinagawa: It's a commemorative stamp, and they thought there should be one for blood donors. So Mrs. Hemphill and--I forgot the president at that time, might have been Dr. Hunter--of the AABB, approached the postal authorities and persuaded them to have a commemorative stamp. So they had a big ceremony, I think it was in New York, when the stamp came out.

LaBerge: So you didn't have anything to do with designing anything or--

Shinagawa: No. I don't even know who designed it.

Managing Family and Career

LaBerge: Okay. Maybe you weren't into your art work then, or you probably didn't have time. Now, that's a question that's a part of this but it's a little bit of an aside: how did you manage to have a family and do your job? Because from what she's told me, both things you did excellently.

Shinagawa: Well, I don't know how I did it, actually, when I look back at it. [laughter] I had four children. I had a very supportive husband. And he worked for the medical society, so he--

LaBerge: Oh, really? So you had similar interests.

Shinagawa: Sort of. Although we lived always in the East Bay, we had to commute to San Francisco.

LaBerge: Oh, he did too?

Shinagawa: Yes. When we could, we'd go in together and come home together, but most of the time, I could never predict the coming home part, so I'd have to go on my own. When I had my first child, I was fortunate that John's mother was living nearby, and so she would take care of it. I worked part time when I first went back to work, but eventually, that grew to four days, five days. And then I had this series of housekeepers that came in and watched the children for me during the day. I'm just glad I'm not living today with that problem, because you don't know who you can trust.

LaBerge: That's right. Well, you must have had cooperative children, too.

Shinagawa: Most--yes. They're very good children, independent, able thinkers.

LaBerge: Because some of the midnight meetings must have been difficult.

Shinagawa: It's funny, because now they can understand why I did that, my children--especially, I have one daughter, and she thought I was crazy, and now she's doing the same thing. [laughter] She doesn't have children.

LaBerge: But she's so dedicated?

Shinagawa: Yes.

Computerization and Equal Opportunity

LaBerge: Well, how about the computer age? Were you involved in Irwin getting computerized?

Shinagawa: Arlene was more involved with that, although I sat in several meetings and was in on the discussions, but she was primarily involved with that. I wasn't involved with computers at that time.

LaBerge: By the time you left, were you?

Shinagawa: Not really.

LaBerge: So you've just learned how to do this since--

Shinagawa: Since I left.

LaBerge: How about the fact that Irwin was an equal opportunity employer? Was that an issue, or did it just happen, do you think?

Shinagawa: I think it just happened. It really just happened. It became an issue one year when somebody made a complaint about something--I don't recall the details, Miss Kane probably does --where she had to come up to show the percentage of the nonwhites who were working there and so forth, and it turned out very well. But as long as I can remember, we've always had a very mixed group.

The Red Cross and Bernice Hemphill's Successor

LaBerge: How did you come to your decision to retire from Irwin? Because you were not retirement age, from what I've been told.

Shinagawa: No, I was not. Well, it's because of the commission's selection of Mrs. Hemphill's replacement.

We didn't go into some of the activities of the AABB having to do with negotiating with the Red Cross.

LaBerge: Okay, let's talk about that. Tell me about that.

Shinagawa: Well, it had to do with the clearinghouse, and the fact that so many friends of patients had lived in Red Cross areas and wanted to donate blood, and to get the Red Cross to agree to come into the clearinghouse exchange program, there was much negotiations going on. We finally got the Red Cross in, I think in 1960 or something. Anyway, they became a part of the clearinghouse, and things would work very smoothly, but every year, we'd have a renegotiating meeting.

Towards the end, again because of the Red Cross's huge indebtedness to the clearinghouse, things were not as compatible between the two organizations, and we used to have really--negotiations much like labor negotiations, where you really sat on both sides of the table. I think that the Red Cross--I'm just trying to remember the details--but I think what they wanted to do was they would keep raising the cost, the processing fee, the money they would get in exchange for the blood, the cost of processing the blood. And that became

an issue. So there was some very heavy negotiations going on, and some of it was not very pleasant.

The man that the blood bank chose to replace Mrs. Hemphill came from the Red Cross, and he was a man with whom I had sat across the table from in these negotiations. I knew that he was not a man that I liked; I did not like his tactics and I didn't like his ways, so I decided this was a good time for me to quit, too. So I did.

LaBerge: So you left the exact same day that she did?

Shinagawa: Yes. I left with her.

LaBerge: But now, you've continued to go back and volunteer, or you did for a while.

Shinagawa: Well, I worked part time as a consultant. At that time, the Pacific District Clearinghouse had its office at Irwin, and so I worked in the clearinghouse as a consultant, and Mrs. Hemphill worked as a volunteer for the clearinghouse. During that time, we revised the clearinghouse guide, and we put together a revised directory. That's the type of work I did there, and that was for about a year, and then I retired from that.

LaBerge: She told me a little bit about picking her successor. But I guess I wasn't clear on who made the decision?

Shinagawa: They had a search committee, and the search committee turned to a headhunter. There were several applicants. I guess they did come out, and the headhunters came out and interviewed several of the key personnel.

LaBerge: At Irwin?

Shinagawa: At Irwin. I remember being interviewed as to what I thought should be the type of person. But at the end, I have no idea what the decision process was as far as the committee was concerned, but they chose this man and I just couldn't live with it.

LaBerge: Well, it sounds like a lot of people couldn't. And he didn't stay very long.

Shinagawa: He did not stay very long.

LaBerge: I was just so surprised from, just hearing the whole long years that she was there, that they didn't take her advice into account.

Shinagawa: Well, by then, the Blood Bank Commission was a little different body. The medical society was still part of the blood bank at that time, and these were doctors who had really no involvement with the blood bank, other than being members of the commission. I don't think they realized. I think, too, that they felt that they needed a man at the helm, and this guy was a good talker, I guess. [laughs]

LaBerge: In the beginning, the members of the Blood Bank Commission seemed to have a connection with the blood bank.

Shinagawa: Yes, because at the beginning, those on the commission were people that had volunteered, or helped start the blood bank itself. I mean, they were very involved.

LaBerge: After you were a consultant, then did you volunteer after that, or was that the end of your involvement?

Shinagawa: When I stopped with the clearinghouse, that was the end of that.

LaBerge: That was the end, okay. So do you know anything about Irwin now?

Shinagawa: I really don't.

LaBerge: No one calls you to say, "Do you know where that file is?"

Shinagawa: No. When I left the blood bank, one of my key functions at that time was to leave behind--what would you call it?--an administrative manual. It was a binder in which I put a summary of the history of Irwin, its policies, and all of the commission policies that had been approved and were current, and--well, just everything I could think of that related to the administrative aspects of the blood bank. So it was pretty complete.

LaBerge: To make it a smooth transition.

Shinagawa: Right.

LaBerge: And who took your place?

Shinagawa: I think the girl that was working as my secretary. Not as the administrative director, but she just became the secretary of the new administrator.

Evolvement of Blood Transfusion Therapy and Expansion of Irwin

LaBerge: This is a broad question: how did you see transfusion therapy evolve while you were there?

Shinagawa: Well, let me see. I remember the first heart transplant, when we had to provide blood. Irwin was the one that provided blood to Stanford for Dr. Shumway's first heart transplant, which was a new era for medicine.

LaBerge: And after that, were you providing blood for more and more--

Shinagawa: Heart transplants, yes.

LaBerge: And other organs, too?

Shinagawa: No, it was primarily heart transplants at that time. That was the big thing. I think that's when Dr. Perkins got involved with Irwin, because he used to work, I think, with Dr. Shumway at Stanford. And of course, we saw the transition to voluntary donors, and the advancements that were made on blood storage, where the blood could be stored for longer periods of time, and the frozen blood. And the development of the rare blood directory.

LaBerge: And that was part of the clearinghouse, wasn't it?

Shinagawa: No, it was a part of the AABB. The clearinghouse only became involved when the blood had to be exchanged.

LaBerge: How about the expansion of Irwin, or the building of the new building?

Shinagawa: When I first joined the blood bank, we were in the old Irwin mansion in the basement, and eventually we moved up to the second floor. Then the new building was built in '54, something like that. And then it soon became too small, so we had to add the second story. At that time, during the renovation, we had to all house ourselves in the basement of the blood bank. We just made little--it was like, what do they call that now, open office, where you just had screens dividing you. Mrs. Hemphill's office was in the middle of the area, and the secretaries, and everybody was working down in the basement.

It was inconvenient, but it was really nice in the sense that the staff could see what was going on, and Mrs. Hemphill was there in the open, and anybody could say hello as they walked by. So that was a nice time, actually.

LaBerge: You weren't also with people donating blood?

Shinagawa: No.

LaBerge: Just the offices.

Shinagawa: No, the donor room was still on the first floor.

LaBerge: Now, at times like that, were you involved in actually helping move things?

Shinagawa: I was involved in planning the arrangement of the basement.

LaBerge: Kind of the logistics of the whole thing.

Shinagawa: Yes. The layout.

LaBerge: You probably can't even list all the various things you did while you were there, because you did so many different jobs.

Shinagawa: Right. We really didn't have job descriptions when I first came aboard. That came much later.

LaBerge: I can see why not, because this was really--you started at the beginning, and you really made blood banking what it was.

Shinagawa: Yes. It was fairly new.

LaBerge: It was new. Now, how about some of the other meetings and things Mrs. Hemphill was involved in, like you mentioned the international society?

Shinagawa: Of blood transfusions.

LaBerge: Yes. Were you a part of that?

Shinagawa: No, I wasn't. The only reason I mentioned it was because Mrs. Hemphill would often travel, or be invited to different countries like India, South Africa, some of the countries in South America, to come down and make presentations and to help them develop their blood banking systems along the lines of the United States'. So she was involved in that.

LaBerge: But you didn't go or do any of that?

Shinagawa: No.

Various Duties

LaBerge: What about any of her other activities, like American Women for International Understanding? Have you been involved in that too?

Shinagawa: Only on a small scale. I mean, initially, I used to help with some of the correspondence and some of the arrangements, but I really wasn't that involved. Betty Carley was more involved with that.

LaBerge: Then when she would travel, are you the one who kept the home fires going, so to speak?

Shinagawa: Yes.

LaBerge: What about public relations? Did you do any of that?

Shinagawa: Only in the sense that I oversaw the activities of the PR department.

LaBerge: Was that when Jan Nelson was there?

Shinagawa: Yes. I would review their releases and pretty much that was it. Edit maybe some of what they were doing.

LaBerge: Was there a PR department before the suit, or did the suit kind of necessitate that?

Shinagawa: No, there was before the suit. No, we had a monthly little newsletter type of thing that we put out.

LaBerge: That would go to donors and--

Shinagawa: Yes, donors.

LaBerge: --other people too, or--?

Shinagawa: Mostly donors, I think it went. And then we used to have a little in-staff newsletter kind of thing.

LaBerge: Also monthly?

Shinagawa: It started out that way, but I don't think it continued too long. [laughs] And then there were always the brochures and leaflets and things for patients and donors that had to be done.

LaBerge: So would you go over those too before they were completed?

Shinagawa: Yes.

LaBerge: On most of that, could you make the decision yourself, or did you need to check it out with Mrs. Hemphill?

Shinagawa: On?

LaBerge: On something you wanted to change--maybe you saw something and you thought, I don't know if it ought to go out like this, we ought to change the wording?

Shinagawa: I could do that on my own pretty much. She'd see the final copy.

Evaluations of Staff

LaBerge: What about any kind of staff evaluations? Were you involved in that?

Shinagawa: I was involved in the sense that I helped to formulate the evaluation form, but that was primarily taking bits and pieces of other evaluation forms that we had looked at.

LaBerge: Was that done once a year, or how often?

Shinagawa: It was done once a year.

LaBerge: Were there some kind of incentives or awards?

Shinagawa: We started an employee award program--I don't remember what year that was--where employees got a little pin if they had been with the blood bank for five years, and then I think increments of five years, got a pin with maybe a ruby or something different. There was a small cash award that went with it.

LaBerge: Is that something that would have contributed to the camaraderie of the staff?

Shinagawa: Well, I don't think it was a big factor. We'd have the award ceremonies where the staff could get together.

LaBerge: What about complaints or--

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LaBerge: Okay. Or maybe there weren't staff complaints? [laughter]

Shinagawa: No, there were. But nothing major that I can think of, but they would come to our--

LaBerge: How were they handled?

Shinagawa: They'd come to Arlene, or they would come to me, and we would sort of screen them. If it was really something that needed to be addressed, sometimes we would refer them to Mrs. Hemphill, and we'd all get together and discuss.

LaBerge: So people would feel comfortable to come to you directly, or to her directly even?

Shinagawa: Yes. I mean, there was a certain amount of hesitation, you know, to go to the second floor--

LaBerge: To the top.

Shinagawa: Yes. But we always--our doors were open.

LaBerge: She has told me, and Arlene told me, that Arlene quit several times, [laughter] because she was mad and they had disagreements. Did you quit ever?

Shinagawa: No, no, but there were times when we'd argue. I guess I was sort of her sounding board, and I didn't hesitate to disagree with her. So we'd have big discussions.

LaBerge: But you never threatened to quit.

Shinagawa: No.

LaBerge: But everybody needs somebody like that who will be honest with them, and also, I'm sure you could then understand other employees' complaints or whatever, if you were in that position.

Shinagawa: Yes. It's mainly, I find with most--even the donors that complained, you just listen to them, let them get it off their chest, and then they're satisfied and they walk away.

LaBerge: And that's it. And usually it's just a matter of misunderstanding of some sort?

Shinagawa: Right.

LaBerge: People just want to be treated kindly.

Shinagawa: Another thing with Mrs. Hemphill, I guess that's why she objected to the unions so much, is she believed that people

should be promoted based on merit, and their salary increases should be based on merit. The salary increases that were given annually were based on the scale that we'd established, but there was room for merit in it.

LaBerge: And how was the merit judged?

Shinagawa: Well, based primarily on the evaluation forms.

LaBerge: Okay. And when you did the evaluation forms, who would fill them out?

Shinagawa: The supervisor.

LaBerge: Okay. And was there some kind of staff development or training, too?

Shinagawa: Not that I can remember.

LaBerge: Were you involved in any of the education programs they had for technologists?

Shinagawa: Those were for just technologists. No, I was not. That was handled by the technical people.

LaBerge: What issues have we not discussed that you see as big things?

Shinagawa: I don't think of any. The biggest things that took most of Mrs. Hemphill's energy were the controversies with the Red Cross and the responsibility fee, and her involvement with the clearinghouse, and the administrative aspects of blood banking.

Summing Up

LaBerge: What do you see as her greatest contribution?

Shinagawa: I think just those things.

LaBerge: You've been saying them all all through this. Do you have any special anecdotes?

Shinagawa: Not that I can think of offhand.

LaBerge: Funny or otherwise? Well, maybe when you see this in print, you might think of something, or you might think of another thing that we should have talked about. I might just go down my list.

This is just a general question: it seems like there's been a decline in respect for blood banks, and someone has said that--I read that somewhere. Where do you think that's come from?

Shinagawa: Well, I think it's because it's become more business-oriented, although Mrs. Hemphill had said blood banking is a business. But it's gotten away from the humanitarian aspects where it first started. Mrs. Hemphill has always had a great respect for the donor, and she was very adamant in recognizing the donor as the most important factor. I think blood banking in general has maybe forgotten the donor.

LaBerge: It sounds like those of you who were such a good team had that humanitarian aspect.

Shinagawa: Because we started in the early years. The newcomers, I guess, just haven't seen this in blood banking.

LaBerge: Anything else you'd like to say to sum up, either your years there, or her?

Shinagawa: Well, she always laughs at herself, the old lady in the tennis shoes. And the grandmother of blood banking. But I mean, I really think, from an administrative point of view, there has been no other person who has had so much influence on blood banking than Mrs. Hemphill.

LaBerge: Shall we call that a day? Thank you very much.

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BIOGRAPHICAL INFORMATION

(Please write clearly. Use black ink.)

Your full name Betty Louise (White) Carley

Date of birth 31 July 1931 Birthplace San Francisco, CA

Father's full name Leslie Langdon White

Occupation Marine Engineer Birthplace Oakland CA

Mother's full name Grace Marie O'Farrell

Occupation Housewife Birthplace San Francisco, CA

Your spouse George Albert Carley

Occupation U.S. Army Officer Birthplace Modesto, CA

Your children Jude Angela (Carley) Gogan

Where did you grow up? Mainly San Francisco, CA

Present community San Francisco, CA. (Parkmerced)

Education Primary thru - Lyrs - San Francisco College for Women

Occupation(s) Housewife till death of husband 1962
Director of Volunteers - Irwin Memorial Blood Bank - 10 yrs.

Areas of expertise Volunteer + Community service

Other interests or activities History, Volunteering -

Organizations in which you are active Loyola Guild (Past Pres.) of USF.,
Docent St Mary's Cathedral, Mission Dolores, President of S.F.

XIII COORDINATOR OF VOLUNTEERS, 1976-1986: INTERVIEW WITH BETTY CARLEY

Beginning as a Volunteer, 1964

[Date of Interview: December 27, 1995] ##

LaBerge: Why don't you tell me how you happened to come to the blood bank in the first place?

Carley: All right. In trying to pin it down to dates, I had come home in--back to San Francisco, I mean; I am a native San Franciscan--in 1962, when my husband, who was a career army officer, had been killed. So my daughter and I came home, here to Parkmerced, and eventually had our own apartment. One of my mother's friends, a woman by the name of Catherine Daly, was a volunteer at Irwin, at that time Irwin Memorial Blood Bank, and had said to me many times, "Oh, Betty, come over and volunteer over here, you will just love it."

Well, emotionally I was not quite ready, so I think it took about maybe a year and a half to two years. I'm looking at about 1964 that I actually did start volunteering at Irwin. I was on the appointment desk, which is where Catherine was, and the volunteers that staffed that particular--we call it the desk--would take the returning calls, or any calls that blood donors would make to the bank to set up an appointment or answer any questions, et cetera, et cetera.

So that was what I did, and I loved it. I got to know the staff, other volunteers. Then, of course, it turned out that this very nice woman who was the executive director, Bernice Hemphill, happened to be a--I can't say a friend, but in San Francisco, born and raised, in the Catholic circles, everybody kind of knows everybody else. And of course, that was it. I knew Bernice from Little Children's Aid, Junior

Auxiliary, and some of the other groups that we had both belonged to, that my mother had belonged to and knew her.

LaBerge: Little Children's Aid?

Carley: Yes, Little Children's Aid, Junior Auxiliary. That is part of Catholic Social Services. Funds raised are given to the Catholic Social Services to use. So anyway, I knew Bernice from that.

LaBerge: And this is before you even came back here, you knew her?

Carley: I recognized the name, because I had been away for quite a while, so that there was a time when I hadn't seen her. And then I guess I had seen her maybe at a couple of the meetings or the social functions when I came back in '62 to '64, and then as it turns out, here I end up volunteering at the blood bank.

LaBerge: And how many days a week did you volunteer?

Carley: I volunteered at that time, I believe it was one morning a week, from nine until one. They had the two shifts a day. And that went on for quite a few years.

During those years, I had gotten to know staff members, and often a staff member would say to me, "Oh, Betty, why don't you come on staff? You could either be--oh, we need you, you do well with the donors on the phone," et cetera, et cetera. Fortunately, I was able to stay home, raise my daughter, and that was fine.

LaBerge: And just volunteer.

Carley: And just volunteer, and I was very happy to do that. Because I was doing some other things, too.

Telephone Recruitment Staff, 1975

Carley: Well, after my daughter, Jude, finished grammar school and went into high school at St. Rose Academy and became more independent and didn't need Mom so much around, I took them up on it. This was in the seventies, I guess, maybe '75. I became in the telephone recruitment department an assistant supervisor, only working part time. I did not want a full-time job.

Well, [laughs] you know what happens to that. The next thing you know--

LaBerge: You didn't have defined hours--or did you?

Carley: I did, twenty hours a week, and the next thing I knew, it was twenty-four hours a week, and then it got to be thirty hours a week, and so on until I thought, Well, this is silly, over this period of a couple of years, I guess at that time. Boom, I was at forty hours a week plus. No, I wasn't plus yet; that was when I went upstairs with Bernice. That's when you get your plus. [laughter]

LaBerge: So what was your title?

Carley: Well, it's rather interesting, what happened at that time. I was a supervisor for telephone recruitment, and at the time, the person who was the coordinator of volunteers had left. One of our staff people, Janet Nelson Takeyama, was the head of Public Information, a very fine woman. Bernice had I guess told her, "Okay, you're going to kind of oversee the volunteers until we can work something out." Well, they decided that they'd ask me would I be the volunteer coordinator. I had just gone on as one of the supervisors on telephone recruitment, so I gathered--I found out afterwards there was some kind of a, "Well, now, you can't take her right away, you've got to give her a month or so until we can make our arrangements downstairs."

So that's what happened, and in 1976 I went--when I say "upstairs," I went to the administration office as the coordinator of volunteers.

LaBerge: And who were you replacing?

Carley: Actually, I wasn't really replacing. My direct boss, so to speak, was Janet Takeyama, or Janet Nelson at the time. So I answered to her, because the volunteer group came under Public Information. Up until I would say a few years before that, in fact, when I went on. In looking back now, I can remember, the volunteer program, which Bernice started, and we were the first, as far as I know, blood bank that had a volunteer staff. It goes along with how Bernice felt about this particular area in which she was doing so much, not only the volunteer blood donor but the volunteer community person who came in and helped out in that way. It was a tremendous help to the blood program at the time, and as it grew, it just became that much more important, and it still is to this day.

Early Volunteers

Carley: It's just absolutely remarkable, what our volunteers do over there, not only in the personal giving of themselves and their time, but of the savings to the cost of blood banking, which has always been tremendous. When I first came on, there were, oh, I don't know how many, but quite a few, departments. Now, see, we're going back again to the late sixties and the early seventies--each department of the volunteer staff, we had the canteen, we had the motor corps, we had the nurse's aide, we had clerical--oh, gosh, almost anywhere you turned around in that blood bank--maintenance--you would have a volunteer somewhere.

Now, maybe not to the extent that we do now, but it was building, and of course, as I say, Bernice with her philosophy of true volunteerism, this was a very, very important part of blood banking, too, not only for the donors who were giving the blood for the patient, but also the volunteer who was giving of their time and energies for the patient. It is of great value, and of course, that was thanks to Bernice, who really did get it started.

At the time when we first started at Irwin, they had members of the Junior League, they had Consul Corps wives. The volunteer picture has changed so much over the past thirty, forty years, it's just amazing. Some of the changes I think are wonderful; some are not so wonderful. But like everything, it does grow and change with the times.

You had asked me when did I start. It didn't dawn on me until I started talking about this, actually, I was a volunteer as a senior Girl Scout at the old Irwin Mansion on Washington Street before we even went to 270 Masonic. As you earn your badges, I was a Girl Scout Mariner. The boys were the Sea Scouts, I was a Mariner from my parish at St. Cecilia's, and of course, we had to be doing community service. I would go over to the blood bank on Saturdays, and there is a picture in one of the scrapbooks of Betty not doing the job but doing something, with my white coat on--oh, I thought I was so great! I put on this white coat, professional looking, and fifteen years old; oh, boy, was I great.

But what we did--now, these go back to the days of the bottle, not the plastic pack that we draw the blood in today. And of course, the different tubings. One of the jobs that I did was to sit in a back room there in the basement of Washington Street, the Irwin Mansion, and prepare what they called the sets. That was to sterilize the ends of the

different tubings for the needles, insert it, and then wrap them up in almost like a cloth diaper. You folded it three ways, and then put them into a bin, and they went into the sterilizer. But I can remember, you'd have to take the ends of the tubing [motioning], dip them into--I don't know whether it was alcohol or ether--to sterilize, so that they'd be pliable to put the thing in, put the needle, and sometimes the tips [laughing] of my fingers were almost raw, these were these days before gloves or anything else.

If you really want to know when I started, that is really when I started. Then, of course, I went on to college, got married, and being in the army, then of course, left San Francisco.

But to get back, even in those days over at the mansion, we had many volunteers. And then it just grew, and of course, with Bernice guiding it along, just being the most fantastic person in the world.

Motivation

LaBerge: Had you always had some kind of interest in the medical field, is that why you did it as a young girl?

Carley: None whatsoever. Isn't that crazy?

LaBerge: It's amazing, that you would pick that as your community service and then continue to do it.

Carley: Yes. And then came back.

LaBerge: And you didn't do that in college? You didn't major in science?

Carley: No. In fact, I was lousy at chemistry and biology and the rest. It was just not for me--my mother was a lab technician, just as Bernice was. But no, I didn't want to be a nurse or anything like that. When I came back, again, after I came home in the sixties, that was more of business and clerical. Then, of course, I always loved volunteering, and I guess when you're in the army, too, people don't realize how wonderful a volunteer group the wives and families, and the army men themselves are, and in the navy and in the rest of the services. They're always giving, and it's just something that I think I was raised with, so it became a part. Just as Bernice was.

LaBerge: And she's talked about that, how her mother was always going over to school, and the nuns would always call her mother to drive them places and do things.

Carley: That's right. [tape interruption]

LaBerge: Well, let's go back to the very beginning, when you were volunteering on the appointment desk. Did you pick that job, or when you walked in and thought, I want to volunteer, tell me what happened.

Carley: Actually, this Catherine Daly, who was a lovely lady, and was on the desk until she died, which was quite a few years ago, I think that one of the volunteers had left, and the majority of our volunteers stay until they can't stay any longer. That is what is amazing, and I'll tell you about that. I just put down some names, and some of them are women who volunteered twenty-five, thirty, forty years ago and are still there. Now, that's dedication.

LaBerge: It sure is.

Carley: So anyway, I think there was an opening on the desk, and Catherine said, "Why don't you come on over and you can do that, and go on to something else if you like?" As it turned out, I stayed on the desk until practically--I was going to be a nurse's aide, and then that--as a matter of fact, to go back to whether I was interested in any kind of medical field: no, I didn't want to be a nurse's aide. I did do the canteen, because once again, and this is so wonderful and so important, nurse's aide, canteen volunteers, appointment desk volunteers, are the link between the blood donor and the actual donation of blood.

I always felt that the volunteer was, in those particular fields--and not putting down the others, because every one is so important in their own way--but we were the lucky ones, because we were the ones who got to talk to the donors or see them, especially in the canteen. You'd help them when they weren't feeling well, you'd bring them through it. Our volunteers, I can remember after I became the coordinator and even before, so often a volunteer at the canteen would--their way of helping was to take a frightened first-time donor and in just talking with them, bring them along. The nurse then would take them, and of course, our nurses were absolutely marvelous. A nurse's aide, who was a volunteer, would continue it.

Promotion of Teamwork

Carley: It was teamwork, and that is one of the things I was so proud of with our volunteers as the program grew, because it did. It grew from, as everything was back in the fifties and sixties, the smaller group, to bigger and bigger and bigger. Then I came on as the Volunteer Coordinator.

I knew the volunteer side of it, and I knew the donor side of it. So it was just a great blending, and thanks to Bernice once again, who always was there, who valued her volunteer staff as much as she valued her regular staff. We were a family, that was it. Everybody worked arm-in-arm. It was just a wonderful, wonderful situation. George Baker is now the coordinator of volunteers, took over after I left--I took an early retirement to care for my mother, otherwise I still might even have been there. George Baker had been a staff person in other jobs, in recruitment, in outside recruitment, over at our Vallejo branch, and he too knew the value of the volunteers, and he's been running a wonderful program.

But one of the biggest changes in volunteerism that I found, as we grew and as time went on, now we're going into the late seventies and early eighties, was the time that we started putting the men on.

LaBerge: Oh, that's interesting.

Men as Volunteers

Carley: In early volunteerism, I think in any area, you might have had a few men.

LaBerge: A few retired men.

Carley: Yes. But then it got to be more and more. I think one reason was that women then were joining the workforce, so oftentimes, the man would retire before the woman did, and then he didn't want to be around the house. He might want to play golf or do a few of his things, but not consistently every day. So they came along, and we had men in our canteen, they were great. Of course, men in our motor corps. That was another area that was absolutely fantastic and was so important to the blood bank as far as saving the finances.

And Bernice was always aware of that, keep your costs down, so that we could give the best without having to charge

exorbitant amounts. Two women, Carol Turrentine and Millie White, were two of many volunteers in the motor corps. What the motor corps did was, we would stock each of the hospitals with so much blood to have on hand. But also, Mrs. Jones would walk out on the sidewalk, step off the curb, and get hit by a bus, and she would need her particular type of blood right away. And maybe they didn't have it at the hospital, they needed it this way or that way. So we were constantly having to take blood over to the hospitals, and this is what the motor corps did. They were there all day long, five days a week, with a blood bank car. And are still going strong.

LaBerge: Kind of on call?

Carley: No, they were assigned. We had two or three every day that would just, they'd come in, they'd get what the orders were, and they'd take them over. Some were immediately, some were--or they'd used up all their O negative at such-and-such hospital, they need this many more units, take them over. So these two women for years did that. Carol passed away a few years back. Millie White had to retire.

I called over to see if George was there to ask him to refresh my memory. I can remember a couple of the names of the women who are doing it now who used to do it for me every Monday; they were already in place when I came aboard. A woman by the name of Muriel Leland, a Doris Strauss, and a Mrs. Sanford. But the interesting thing is that, after all these years, when their husbands retired, two of them are doing it with them.

So I think, I hope, that you can kind of have a feeling of what it was to be a part of the Irwin family, whether it was on staff or as a volunteer, and even as a blood recipient. That's another thing we were very fortunate in being able to meet some of the recipients.

Bernice Hemphill, Ahead of Her Time

LaBerge: Tell me, how did that come about?

Carley: When there was a special promotion--not a promotion per se, but a special case. I remember at one of the volunteer luncheons years ago, it was when I was still volunteering, there had been a terrible fire over at All Hallows Church. The blood was needed for this woman who had to have so many skin grafts and things like that. It's in some of our periodicals, I believe

that there is a story, and if you would be interested, I think I could get our P.R. to look it up and find it for us. She was the guest at one of our volunteer luncheons. Not that it was an ongoing thing, but that's one of the special things that I believe Irwin did for their volunteers, and it's still ongoing, and I think we're just about at the end of our special breed.

Irwin always thanks their volunteer, and most everyone does, most every corporation does. But we were, and still are, among the few that would have the thank-you luncheon that was a gratis thank-you luncheon. Nobody had to pay for their event. So at these particular things, often they would have--if the recipient wanted to do it, would come and thank the volunteers, and just tell their story. And of course, that spurred us on like gangbusters. I'm dating myself--that's an old saying! [laughter] I don't think anybody will know that one!

But it did. That little pat on the back is wonderful, and that's what Bernice did. Bernice never forgot, never minimized. She set the pattern, and was there to lead us, with her staff, with her volunteers. I think what was the most wonderful--she never asked anybody to do anything she wouldn't do herself. I can vouch for that as I'm sitting right here, I can remember when we'd have blood shortages and we would stay late, and would be on the phone calling until ten o'clock at night or something like that, Bernice would come down and she'd be calling too. She wasn't sitting up there in the nice executive office doing other little things, no. She was with her staff, and she was doing it too.

She was definitely a woman that was years ahead of her time, I believe, when there were very, very few women executives, and it wasn't easy. It wasn't easy, I'm sure of that. I was not so much involved then. After I had gone upstairs and had started to do my job as the volunteer coordinator, a couple of Bernice's people had retired, and it ended up that I kind of became an administrative assistant to her, not in the full capacity, but I got to do that too, which was great.

[laughs] I've got to make something clear: this was not all a bed of roses.

LaBerge: No, and I want to hear about that, too. [laughter]

Carley: It was not the Yellow Brick Road to Oz at times. We had some pretty bumpy times. There was tremendous stress and strain. You know, we went through a lawsuit. I can remember sitting there at my desk and one of our top people would come out of the office, and you could just tell by the expression on the

face that it might not have gone well. But I'm sure I was never privy to anything like that, I wasn't in the office, but I know whatever might have been said or changed or done, once it was, it was over. As far as I know, there were never any grudges held or anything like that. Fair, with a capital F, is what Bernice Hemphill was.

LaBerge: Well, speaking of that, you know I interviewed Arlene Kane and Emi Shinagawa--

Carley: Oh, Arlene and Emi are just the best!

LaBerge: Well, and Arlene said that she quit several times. She said, "I quit. I was mad." Did you ever quit?

Carley: No, I never quit. Oh, Arlene was right there, she and Emi and Margaret Harrell were Bernice's right-hand people. And you know, when you look back at that, in the sixties and seventies --actually, it was really Arlene who hired me, who interviewed me with Bernice to go upstairs as the volunteer coordinator. I was in awe of these women, because I could see how tremendous they were.

I can remember sitting at my desk and Arlene coming out of the office. That was probably one of the days she quit. And then twenty-four hours later, everything was fine. As I say, as far as I know, once something was done or said, that was it. It wasn't belabored or anything else. That's one of the things that I think was so important, and maybe one of the things that we lack today. I don't know, because I'm not in the workforce any more.

But those three women were just fantastic, and as I say, Bernice was well ahead of her times, dealing with the, I'm sure, the powers-that-be from the medical society and the rest had been very, very difficult. Because here was a woman as an executive director. I believe first she was the secretary.

LaBerge: I think she was, too.

Carley: Yes, secretary, and then went on, and then finally they said, "Okay, you're going to be the executive director." That must have been often difficult. But she had, as I say, these wonderful, wonderful people, who were very supportive of her, would tell her, "Hey, you're not right, you shouldn't do this or shouldn't do that," but Emi was tremendous in her own quiet way. I'm sure after interviewing her, you know what I mean.

A Special Irwin Loyalty

LaBerge: Yes.

Carley: She was just kind of a steadying influence, there all the time. It never ceased to amaze me. When we were having problems in the lawsuit and things like that, I can remember leaving sometimes at eight or ten at night, and Emi would be there, and then Emi would go home, and I'd come in at eight o'clock and Emi had been back since six a.m. That was the loyalty. I think that's a key ingredient in this whole thing, was loyalty, because these people were so loyal. And fortunately, it's the kind of thing that rubs off on you. I was lucky enough to maybe have a little sprinkling of the loyalty dust fall on me.

LaBerge: What is it, what quality is that that has so touched everybody that made it a family, do you think?

Carley: I think it was a combination of a couple of things, Germaine. First of all, you had someone who was leading you who was a very caring person. And we were dealing--and I know it sounds very dramatic--but we were dealing in "life-saving."

LaBerge: Yes, that's true.

Carley: And no matter what part of it, whether it was delivering the blood, whether it was drawing the blood, whether it was talking to the donor afterwards, you felt you had a part of--

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LaBerge: You didn't know who the donor was.

Carley: No, you never knew who it was. And I think that is the most wonderful type of giving. It's not important who the donor is; it's important that he or she was there for the recipient. I remember Bernice always used to say, "The blood waiting for the patient, not the patient waiting for the blood." Has anyone said that?

LaBerge: No, no one's said that.

Carley: Okay. That was part of her philosophy: we want to be there. I mean, we want the blood to be there so that in the emergency case--and as we know, not all cases are emergency, except to the person who needs it.

LaBerge: That's right.

Carley: And for the person who needs blood and it's not there, it's an emergency. So that is a very fulfilling thing, when you know that you can help them in that very special way. And as I say, it was not the Yellow Brick Road to Oz, it wasn't an easy trick. We had our wicked witch of the North--and I don't mean anybody, I mean there were stumbling blocks. The lawsuit. I think the biggest one of all, and unfortunately, it's still almost true today, is the number of people who donate blood. It is minimum.

Five Percent of Population as Donors

LaBerge: I just heard on the radio coming over that they're calling for blood. Now, I know that always happens at the holiday time.

Carley: Right, it does, yes.

LaBerge: But that is amazing. Is it still only 5 percent?

Carley: I believe it still is. It can't be more than 6. We should check on that. I guess when I first started, it was maybe like 4 percent or 4.5 percent. We were thrilled when it went up to 5 percent. But here it is fifteen years later, and that's still what it is. But unfortunately, we have the ignorance--I can't even say it's ignorance--I think it's more the fear from people who are so afraid that they're going to catch something, whether it be the AIDS virus or hepatitis or whatever, the HIV, through giving blood. And we say education is the answer, and we try to let people know that, and that's well and good. Some people have just the regular fear of the needle. But oh, when you think 5 percent of the people are giving for 100 percent of the need--.

Now, of course, now we have designated donors, and we have the autologous donor, which is fine. But there are some people that are not in any position where they can give their own blood. If I walked out here now and got hit by something and needed a transfusion, I can't give my own blood for myself then. But I'll tell you this: thanks to people like Bernice Hemphill, Dr. Perkins, staff people, our public information who are always ongoing in trying to get the right message out to the people, to this day, if I were in an accident and needed blood immediately, and I think even if I were told by the doctor, "Betty, you've got to have surgery in two weeks' time," I would not hesitate in having blood from any of my people here in the Bay Area, or whether it was down from Shasta or what

have you. Because I know that Irwin has always done their utmost in being sure that the blood supply is safe.

And that, once again, goes back to Bernice, the special work ethic, always trying to be right on top of it, and she certainly was. She retired, as you know, just November of '82, and AIDS came on the scene in December of '82.

LaBerge: Yes.

Carley: And I will never forget sitting there in that conference room, Dr. Perkins telling us about it, just absolutely awesome. [tape interruption]

Training for Volunteers

LaBerge: We were talking about the kind of spirit that Mrs. Hemphill engendered. I'm wondering how did she do this for everybody, including the volunteers and the staff? Like, when you became a volunteer, did you have some kind of training, or were there sort of pep-talk meetings, or how did you become a part of the family?

Carley: All right. Actually, there is training for a volunteer, and it's usually done by a staff member in the area in which the volunteer is going to be giving their time, which is very important. It's really the same thing as becoming a staff member. And then there was a young man by the name of Vince Yalon when I was upstairs as the coordinator of volunteers, and also as assistant to Bernice in different things. Vince and I got together a training for not only volunteers, but new staff people that came on board. It wasn't a training of actually, "This is how you rub the arm, and this is how you do this or that." That was up to the professional to do it. This was a training of what we're here for. We had a slide show.

I believe this came after the fortieth anniversary, which would have been '81. We had a wonderful celebration dinner for staff people, for blood donors, for--now, this wasn't a gratis one, this was just anybody who wanted to come and celebrate with us, good. And it was marvelous. And at the time--and this is when we spent nights and nights and nights. What is it they say, hurry up and--we were down to the last minute, we were still making changes on the slide presentation that we were making, which was, as the book is called, *Promises to Keep*. Have you seen that one?

LaBerge: Yes, I have.

Carley: Okay. That was just great. So we would show them that. It was not only a professional training, but the "This is what we're all about." Vince is a fine young man. He's now, I think, the director for the Stanford Blood Center. His name is Vince Yalon, fine young man, who once again started out in high school as a, I believe as a volunteer, I'm not sure, or whether he had a part-time job during the summer when he was in high school, and then he just stayed on. Very knowledgeable, very, very fine young man.

Bernice Hemphill's Involvement

LaBerge: The other thing, the fact that the volunteers kept coming for years and years. Not every organization has people who do that. So again, something must have happened ongoing, either you or the staff or Mrs. Hemphill herself must have kept coming down and having contact with people, or--

Carley: Yes, yes. Bernice would come around all the time. I would say until we got very, very big, and even then, I think she knew practically every one of the volunteers by name. We had a couple--Anita and Victor Keyak. She worked the canteen, still does every Tuesday. Her husband was an over-ten-gallon donor. Now he's retired. He is now a volunteer. They are really something. Bernice could walk through the blood bank and say hello.

Bernice made it a special point, because she knew how important these people were to the program, that she could personally talk with them. And of course, that was another incentive point, that the lady who was so busy will take the time to come down and talk with us. Those were all very special days.

[laughs] I can remember there was a time where we had an intercom, before we had what they have now. Anyway, it was a--we all had intercoms on the desk. Bernice--I'm going to say something that really isn't the best--

LaBerge: That's good, we need to hear it all!

Carley: Bernice has everything under the sun. She is just--I mean, she's a great gal. I would get mad at her many, many times, many of the staff people would, she'd get mad at me--that's only human. That's part of the whole picture. But if there

was one thing that Bernice Hemphill is not, she is not mechanically inclined. [laughter] She is the worst person in the world to even put a light switch on. And she's going to kill me when she hears that!

But if you can see her with the intercom--this was before I went upstairs, when I was downstairs--

LaBerge: And so the intercom went downstairs too?

Carley: Yes, they were all over the blood bank. And all of a sudden you'd hear this, [loudly] "Hello? Is anybody there? This is Bernice Hemphill!" And everybody would just shake in their boots, because you didn't expect it. I mean, if she'd walked in, it would have been all the difference in the world. But this voice coming over the intercom was hysterical. We used to just howl. And we'd say, "Don't laugh, she'll think we're having fun!"

LaBerge: What kind of announcements would she make, then, to everybody?

Carley: Oh, she was just calling to say, maybe in this department, [loudly] "Are you doing okay getting those O-positives? What do we have in now?" I mean, it was just some incidental thing.

LaBerge: And could you answer her back?

Carley: Oh, yes, that was all--push the button. But especially the telephone recruitment, I think there were three shifts, and it was usually maybe four to five hours. Telephone recruitment is very difficult.

LaBerge: Oh, I would think so, because I've gotten those calls, and you just don't want to say no to them, you know they're volunteering, but that would be a hard call to make.

Telephone Recruitment

Carley: The majority of the telephone recruiters were staff, because it is a very difficult job. We had a few volunteers that wanted to call. And of course, one of the things that I tried to get over to the callers, and I think I got this from Bernice too, was the fact that--and I try to remind myself when I get calls here in the house--first of all, we never called a blood donor just right out of the book or anything else. That donor had to have come and donated blood at Irwin. Then they were asked at the time, "May we call you if we need your blood type?" And of

course, if they said no, that was it, their name did not go on the list. If they said yes, then that's it.

So as blood types were needed, we would call. One of the things that I did try to get over to our callers was, you have to remember, because some of them would say to me, "Oh, Betty, it's just--sometimes the people are so mean and nasty, or they hung up on me." I'd say, "Hey, look, you have to remember, you don't know what is happening when that phone is ringing in their house. You might be calling them in the middle of a big family fight. You might be calling them in the middle of some family tragedy." And I know myself, I think we all do it, tend to pick it up and the frustration and the anger comes out on whoever it is on the other end of the phone. So that was one of the most important things, I think, that being a telephone recruiter you had to remember.

Many times, you'd get the greatest people in the world on the other end: "Oh, you know what? I figured you'd be calling now, okay, I'll be in on such-and-such a day at such-and-such a time." And it was always--nine times out of ten, which was so great, was that we would say, "I know Thursday or Friday will probably be easier for you for an appointment, but we do need the blood right now. Is there any chance you could come in?" Now, this might be two or three or four o'clock in the afternoon. "Could you come in now?" "Okay, I'll be there." And a blood donor did that, once again, it just--oh, thank you, God, for all the nice people in the world.

And that's what I think sometimes is so frustrating: we only hear about all the crazies we have in this world. But we have so many good people. I can remember one time when one of the police officers got shot, and they put out a call for--I don't know what his blood type was. But we had officers and community people, just people right off the street, lined down Masonic Avenue waiting to get in to donate. And at that time, I and quite a few others, were taking orange juice out for them, because the majority of them hadn't eaten, and you're supposed to have something in your system before you donate blood. When you see your community doing that, then that's what's so great.

The Spirit of Volunteers and Donors

Carley: You asked about what made these people, whether they were donors or volunteers or what, I think Bernice taught us all and led us all in remembering what the human side of what we're all

about. It's person to person. And unfortunately, sometimes we forget about that. I feel I was fortunate enough to be a part of a very wonderful, wonderful, human, person-giving, and still ongoing contribution to the community.

And when you think of, first San Francisco, and then I guess we went to Marin, we had the Marin center, we had the--it was Vallejo, now it's the North Bay center, but originally it was in Vallejo, and then, of course, up in Siskiyou, up in Redding. And that's when you get out of the city, where in the city we have the people that are kind of--we think we're so urban--

LaBerge: Sophisticated.

Carley: Right, sophisticated, that's the word. But you get out into these areas. I can remember going up with Arlene and Bernice one time when we opened the lab at Redding. And this was one of the things that Bernice always felt was very important, was that her volunteer coordinator, I, and I think it probably started at the time that mine did, I don't know, but I can't recall anybody else. But going up and being there with and meeting the volunteers 500 miles away, or 300 miles away, whatever it was. Talk about real good people. Same thing in Marin.

We have a volunteer in Marin, I don't know whether her name has come up or not, her name is Gertrude Zimmerman.

LaBerge: No, it hasn't.

Carley: Okay. There is a volunteer par excellence. Thousands of hours of volunteer time. She's now at an age where she doesn't do it as much because physically she can't. But she was at our blood center in Marin day in and day out. And that's the kind of blood volunteer donors that we had. We had a few of them. And there was a good and there was a bad to it.

LaBerge: I'd like to know: what makes a good volunteer?

Carley: Oh, a good volunteer is one who--that's kind of difficult to say. Because I think a good volunteer is made up of many different facets in volunteering. There are those who do it because they want to help. I guess that really is your underlying, quote-unquote, "volunteer." I've always felt that volunteering is a two-way street, so to speak, because many people volunteer because they need something that they get from the volunteering. And there's nothing wrong with that; that is wonderful that they can do that. [telephone interruption]

Okay, there are those who do get something out of the volunteering. Maybe their lives are lonely and they need that, which is wonderful. Who was it who said, "I have never met a bad one"? It was either Mark Twain or one of our humorists. "I've never met a bad volunteer." I can say that. They're all wonderful.

One of our top volunteers happened to be Charles Hemphill himself.

Charles Hemphill

LaBerge: Oh, well, let's talk about him.

Carley: [laughs] He was quite a guy. Talk about support: I think a big part of Bernice's ability to do as well as she did was that Charles was there as her mainstay. He was so supportive of her. He had his own career, he was a military officer, as you know, a navy captain, a dentist, a teacher at UC Dental School, but most of all, he was a sweetheart. I can remember we would be in the office and would hear, "[whistling]." And he'd come walking down the hall whistling. You want to say, "Everything's right with the world right now: here comes Charles." [laughter]

He did many things for her, and many things for all of us. "Oh, gosh, Charles, I'm caught up with this or that." "I'll do it for you, Betty, I'll go get it for you." He was a dear, dear person, dear, dear man, who was just the best, and we all miss him very much.

LaBerge: Did he have a special volunteer job, or was he just there doing whatever needed to be done?

Carley: He was our jack of all trades--and master of all, just to make a little switch on that. No, he could do almost everything and anything for us. It was just the best, until his health kind of got--he had some problems. I think most of all, of course, a tremendous support for Bernice, at times when that was the most important thing that she needed, was the support, which she would get from naturally all of us, but that's not the same. You need it from the one you love, so he was there.

Very comfortable, I'm sure, in their situation: the wife working, the husband. Because as I say, she was a woman years ahead of her time.

LaBerge: Yes. It takes a certain kind of man for whom that would be all right, he could live with that and not have his ego deflated.

Carley: That's right, definitely. He was just absolutely wonderful.

I did mention to you about George Baker, who was carrying on now, is just so good.

LaBerge: Yes.

Carley: And I did mention about Gertrude. Oh, as I started to say about the volunteers: the ones that would do so many hours. I had one when I first came aboard, she had been there for years, her name was Goldie, and I can't remember her last name. I can remember one night ending up at the emergency hospital with Goldie, because she walked into the ladies room, the light wasn't on, and she fell. And this was a woman who was quite elderly. But she loved volunteering. She liked doing the evening shift.

In fact, one time, as the story goes, somebody had called her because the person--this is before I had gone on--who was supposed to be at the canteen that evening hadn't come, so I guess whoever it was called and said, "Goldie, is there any chance you could come over and do the canteen tonight?" "I will be right there." The story is, she lived over on Pine Street, it wasn't too far from the blood bank. She got out and stopped a cab and said, "There's an emergency at the blood bank and I've got to be there!" [laughter] And she just brought over the cab. That was her dedication, and she was so dear.

But anyway, I ended up at the emergency hospital with her because she ended up tripping, and I can remember sitting there thinking, What am I doing here? Calling the family, the family got there. I mean, but that's the kind of dedicated volunteer that we had.

But the only problem is, when you have a volunteer that is willing and able, and wants to do day after day or week after week, when they get sick and can't do it, you don't have to just fill one day or one four-hour shift, you end up having to, as wonderful as it is that they do so much, then you're in a spot, because most people will only do--can only do what they can do, which is great. So you have some little problems there.

Problems

LaBerge: Did you ever have problems with volunteers, like maybe they're not good on the phone and you don't know how to say that to them?

Carley: Yes. Oh, yes.

LaBerge: How do you deal with that?

Carley: Oh, it's very precarious, because you do not want to lose a volunteer. The main thing is that you're remembering they are giving of themselves. I always kind of took the road which was, "You're doing pretty well, but I think I've found something for you that you could even do better." In other words, trying to get something more positive. "I think you'd be better--could you help us out in the canteen," for example, in talking, "where you don't have to try to talk anyone into coming in," or maybe they'd get the appointments wrong because they weren't fast enough in writing down, "Hi, I'll be in at ten o'clock, this is Joe Blow." So suggesting something else. Or, "Would you like to be a courier with our motor corps? Or, you're awfully good with people, would you consider being a nurse's aide?"

We'd try very hard, and I say we, all of us who were involved in volunteerism, including our staff people who really, I mean, they would be the ones that would come to me and say, "Betty, I'm sorry, but we cannot have Mrs. Jones as a nurse's aide any more. She gets the donor too excited," let's say. Which was very rare, but I'd say, "Okay." And it was always, "Can you take care of this?"

LaBerge: Oh, sure, right.

Carley: I said, "Yes, okay." So then together, we'd work up something, or I'd find another place for them.

And occasionally, I'd have someone say, "All right, well, I only want to do that, and if you don't like me, tough." And then they'd walk out. But that was very, very rare. Because once our volunteers came aboard, they liked us. That is in great part, as I say, due to a wonderful staff, wonderful administration, and a wonderful leader, Bernice Hemphill.

The picture in volunteerism, as I stated before, has changed drastically, because now we have more men, which is great. It's also brought a few problems, which is we have many of the young teenagers now because schools are saying, "All

right, you have to do so many hours of community service," which is great. Of course, I think we were all raised with that years and years ago. This is very new for a lot of the schools. And of course, kids being kids, procrastinate and they put it off, and then they're graduating in May, I used to get calls saying, "I have one week to do forty hours of volunteer work. Where can I work?" Well, then you think, Oh, my god. And my first inclination was, Hey, tough. If you didn't call beforehand--. Then I'd weaken and say, "All right, come on over, we'll find something for you." And of course, now most of them are proficient on a computer, so we can have them do computer lists and things like that.

Unfortunately, I don't feel that that is teaching the young people what true volunteerism is. But maybe it will in the long run, who knows. They get a taste of it, and maybe that will just stick with them later on, that they will do it.

It is difficult in some cases, too, you get the volunteer who thinks that they know everything.

LaBerge: And what do you do?

Carley: That's always fun. You walk out the back door and you say, "Well--" [laughter] That's kind of hard. See, I've been out of it for ten years, so I really wasn't so much involved with that, though there were a few. It was just beginning to come on, the retired person who had had their career, and then, "Well, now, when we did it like this--." So then you just kind of have to smooth it and say, "Well, I'm sure that was great in that particular--when you were working, that was fine, but this is how we've found that it works for us." And you just try to go on like that.

LaBerge: Defuse them.

Carley: Yes. And you bite your tongue an awful lot. [laughter] Just don't say anything.

But all in all, it was a tremendous experience, and fortunately, as these years went on and Bernice and I became closer and closer, we're just the closest of friends now.

Changes at the IMBB

LaBerge: How many years were you there?

Carley: I was there--let's see, I was trying to figure this out. I started in I would say about '64/'65 as the volunteer, and then went on staff for something like twelve hours, very minimal hours a week in '72, and then that kept building. But in '76, I went upstairs as coordinator of volunteers, and then retired in 1986. So I was maybe eight to ten years as the volunteer coordinator.

LaBerge: And you stayed four years after Mrs. Hemphill?

Carley: Yes. She left in '82, and I stayed.

LaBerge: Would you have stayed longer? Because several people I've talked to left even though they could have stayed longer. They weren't retirement age, and you obviously weren't either.

Carley: No. I left because my mother became ill and I truly felt that I could not do justice to her at home--she lived with me--and to my job. I sometimes think I would have left anyway, because it was not the same.

LaBerge: That's what I have heard.

Carley: Yes. The whole feeling of the blood bank--it's gotten back now, I think, or it had. Dr. Perkins was a fine and is a fine man. Of course, he had been there at the blood bank when it was--

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LaBerge: So the human touch was lost for a while.

Carley: I think it was. And then one of the things, too, that we went through, which was very, very difficult, was people that I'd known for years and had worked with all of a sudden--and we'd all helped one another. I was not a typist, but I had my little IBM Selectomatic, and I use the eraser tape more than I use anything else, but if I got stuck, I could say to somebody, "Oh, gee, could you help me out with this?" They'd say, "Sure, Betty, give it to me, I'll type it up for you."

Then it got to be, "That's not my job." Because that was what the orders from higher headquarters were at that time.

LaBerge: Only do your job.

Carley: That's right. And that just killed me. I think it did for a lot of them, because it never, it <u>never</u> was when Bernice was there. It was always, you might have thought, Hey, that's not my job, but I want to do it because I want to help.

LaBerge: And we're part of this--

Carley: And we're part of the whole picture. And that was what was so hard.

Then I feel that--it's just my own observations, because I wasn't there--that under Dr. Perkins, we kind of got back to a human--I can't say humanities, but you know what I mean.

LaBerge: Yes.

Carley: Everybody helping one another. And I'm really not that familiar now. I help Bernice with the Blood Research Foundation and I volunteer with her there in fundraising, and help her out with little things that I can do. Definitely not the typing. [laughter] She's done a tremendous job there, which is very difficult in this day and age of raising funds, because I think everybody's got their hand out, and it just is up to the private sector to have to--we have to do the best we can with everything, but boy, the demands are really something. If people only realized how important their blood bank is.

Issues: the Lawsuit and AIDS

LaBerge: Tell me about some of the problem times, for instance the lawsuit. What was your involvement with that, and how did it affect volunteers?

Carley: My involvement was really minimum, Germaine, because I think it was settled in '77. See, I had just gone upstairs, so I was only involved really that last year, when things were finally beginning to be settled.

LaBerge: So you didn't have to give a deposition or--

Carley: No, nothing like that. The volunteers were kind of, not kept in the dark about it, I don't mean that, but spared any of the frustration, let's say. Unfortunately, as it goes, it was the staff that it had to bear with. One of the things that I think is hardest on the volunteers is when they pick up a paper, and we saw this during the AIDS problems, "Irwin sued." Now, I was involved in a lot of stuff there, no depositions or anything like that, but as far as records, and talking with the public, and trying to--and with our volunteers, keeping them apprised of what was happening so that they could give the right answers. Because they were asked a lot of things.

LaBerge: I'm sure.

Carley: And it's very easy to give a wrong answer, so you just kind of try to be as honest and as objective as you can. One of the things that I did try to get over to them was, if you don't know an answer, just tell them you don't know. "I'm sorry, I don't know, I volunteer here, and if there's any questions, call the administration office at the blood bank." Rather than say--.

And then, unfortunately, there were some that would let their own ideas and thoughts be known, and of course, they have every right to, but it is kind of hard, because those were awfully hard years. Oh, boy.

LaBerge: Did you lose volunteers, do you think?

Carley: No, I really don't feel that we did. Oh, no, wait a minute, I take that back. We lost volunteer blood donors because of those members of the gay community were unable to donate. And we had some--actually, you might say that we even gained in our volunteer picture at that time, because a lot of the people from the gay community, and I will hand them all the credit in the world for this, they wanted to help so badly, and they're very community-oriented. So that was one reason why they were donating blood, was that they could help. "I can help my fellow man." Then of course, this comes into the picture, and they were devastated in many respects, and I think one of them was that, "This is something I can't do any more."

So then they started volunteering. Not to a great extent, but I had many who said, "Well, I can't donate blood, but is there something else I can do for you?" I said, "Yes, come on over." Especially when we had blood drives, they'd go out and be in the community.

But unfortunately, because people were so ignorant about how you catch AIDS, it was part of the trying times. But I will say this, that many, many people from the gay community tried very, very hard to continue supporting, because they realized the value of it. I admire that very, very much.

LaBerge: And same thing with the lawsuit, you didn't lose either donors or volunteers?

Carley: No, no, I don't think so. As far as donors go, I don't think we lost many. I may be wrong in that, but it seems to me consistently, it's been this 5 percent over the years. It might fluctuate at a point here and there.

There was another thing Bernice did: she wanted her donors acknowledged and she wanted her volunteer donors acknowledged. We had our pins as volunteers, so many hours. The blood donors themselves are acknowledged every year.

LaBerge: Is this at the luncheon?

Carley: Yes. There are a couple of different luncheons. There's a luncheon for the blood donors, there's a luncheon for the volunteer donors. And then AABB gives a plaque at ten gallons. They start at first-time donor; at least they used to. You get a little pin if you were a first-time donor, and then when you became one gallon, two gallons and so on up, there were all kinds--there were nice awards.

Supervising Other Volunteer Coordinators

LaBerge: Did you have anything to do with the AABB in some official capacity?

Carley: Only that I attended a couple of their annual meetings, but as far as--I was a member of AABB, but as far as any particular thing, no. At the time of their annual meetings, they would give seminars and things, and I went to a couple that were for volunteer coordinators and things like that.

LaBerge: It sounds like you were the coordinator for all of the blood banks?

Carley: Yes, in the Irwin System.

LaBerge: How much traveling did that mean?

Carley: Let's see, I would try to get over to Marin at least every month or six weeks. We would have a sub-coordinator on site, like Gertrude really kind of overlooked and oversaw it for me over there.

And then Shasta was very different, because being so far out, we had Siskiyou County, Shasta County, Modoc--four of the counties, I believe, up there, as I say, going up there, and then going to little places like Hayfork and Burney--I mean, I saw parts of California, the most beautiful things in the world, and met the most gracious, wonderful people that there could possibly be because of that. The headquarters, of course, was Shasta, but I don't think they had a coordinator as such. Each of the little towns had their own, almost like

their own groups. The VFW [Veterans of Foreign Wars] might be the big one in one of the towns, Hayfork or Burney, so they would have the blood drives maybe four times a year, and then that person kind of coordinated everything.

But I would be in touch with them off and on during the year, and then what we did, they would send me down the hours. Theirs were mostly the mobile blood drives that went out into the community, and then we would record them. And at the time I left, I believe our volunteer hours for the year was something like 35,000 hours a year or something like that, 30,000 to 35,000, it would fluctuate. I'm sure that it might even be more now. I haven't asked George, but I know when I went to the luncheon, that there were an awful lot of good people.

But it's amazing the number of people that I recognized and knew. Of course, they always make me feel so good because they're always happy to see me, and that makes me feel good. And now I'm back volunteering again. I've come full circle, and not only do I volunteer for Bernice with the Blood Research Foundation, but I have done some mobiles for George, I go out and--.

That picture has changed too, because we have volunteers doing registration now, and all different things like that. And it's wonderful, because the volunteer, as I say, being almost more--I think this is what we're going to see in the years to come--the professional person.

LaBerge: Yes, because there aren't stay-at-home people any more.

Carley: No, there are very few stay-at-home people. I look at my little tree here, and I had a volunteer who made me my little angels.

LaBerge: Wasn't that great?

Carley: They're the most wonderful, giving people. And once again, the example that was set for them, I truly believe had both been a different person and not the caring person that she is, that the volunteer picture at Irwin would not be the same. So we've got a lot to be grateful for in that respect.

AWIU

LaBerge: Can we spend a few minutes talking about the AWIU? Because I know you were involved in that organization

Carley: Yes, I am a member.

LaBerge: How long have you been involved in that, and did Mrs. Hemphill get you involved?

Carley: Oh, yes. [laughter] Come on, Germaine, stop asking silly questions! Did she get me involved in that! You bet.

LaBerge: She's spoken about it a little, so I know how she got involved, and some of her trips. When did you come on board?

Carley: I'm trying to think when I came on board. I believe it was after she retired. I was aware of it, but I wasn't a part of it. Now I'm a member, and I have been, I guess, since maybe 1984, '85. I'd say probably about ten years. I unfortunately was not in a position where I could take any of the trips, though she and I went on a trip, and of course, because of AWIU, there were many people that we met along the way. We did a tour of the Mediterranean and then went up to Turkey, you've heard that before?

Because of the great people that she had gotten to know over the years, AWIU has done quite a bit to further good relations between the women of the world. Once again, leading the way years before anybody else did. We hear of all the different groups that now are running over to China, it's just like taking a trip down to southern California, "Oh, I'm going to China, or I'm going here, I'm going there." When you think of their group that went in just right after Nixon had opened up the doors to China, I think they were the first women's group to go in. Once again, a leader, and always that human sharing that Bernice is so capable of. Bridging the gap, that was a big part of it.

We made some very, very nice friends over the years for the United States, I think, and thanks to our delegates that have gone to the different groups. And the students that we have brought over and given them an insight into women's role in America now, because they are taking home what they've learned. I'm sure in some countries, it's easier than it is in other countries.

We had a wonderful Chinese girl a couple of years ago, I can't remember her name, but she was just very, very nice, and

then we had this young lady from one of the Eastern European countries this past year. They will come over and be given the finances to maybe spend six months in graduate work in their field. So these are always plus-positive things.

Celebrations at Irwin

LaBerge: Do you have any special anecdotes you want to tell?

Carley: No, I think the main thing is that Bernice is just not the handyman type. [laughter] Definitely not. There were an awful lot of fun things. After the lawsuit was over, we decided that we would have--the staff did, and she had said, "Yes, we have to celebrate." We had a get-together, and it was at the medical society auditorium. The staff got together and we put on a play.

LaBerge: Oh, this is great, I have not heard this.

Carley: Oh! I happened to be--I can't even remember--and one of the lab techs was one of the blood bank lawyers. I've got the picture somewhere, but I don't know where! [laughs] And I was his assistant. Oh, it had something to do with Auntie Bernice and her Pie Shop, or something like that. It wasn't the blood bank, it was a pie shop. It was hysterical.

LaBerge: And who wrote it?

Carley: Oh, we all did, I think. Yes, and Jan [Nelson] in Public Info. But you know what she loves more than anything else? She loves putting words to music. And oh, Beryl Goehel who was our graphics design person, wonderful woman who's now retired, she and I retired at the same time, she lives in Stockton. Very clever with words and music, and we wrote some songs. One was, [sings] "She'll be comin' around the blood bank when she comes, she'll be comin' around the blood bank when she comes, she'll be comin' around the blood bank," where the A's and the O's--just stuff like that, and we adapted it to what blood banking is like.

This was when the lawsuit was over and we could let down our hair and we could just laugh at ourselves, and laugh at the whole horrible years, hardship of the years that it was. And it was fun, and she laughed. I can remember, I was thinking, Oh, it's so good to see you just throw back your head and just laugh. And that was it. She would get in with all the staff--if she wasn't the number-one lady at the top, she was the number-one lady--everybody was number one.

She'll say to me even now, "What were those songs again?" And I have to sing them for her. I have the lyrics there somewhere, but adapting just some of the songs that we knew, and adapting them--

LaBerge: And making a skit.

Carley: Yes, making a skit.

LaBerge: And then was there a party too after?

Carley: Oh, yes, there was a buffet dinner, and everybody just had a ball. It was so good. The fortieth anniversary in '81 was like that, but that was beautiful, that was down at the Hilton, I believe. It was lovely, and as I say, they showed the *Promises to Keep*. My mother was in *Promises to Keep*, my mother was a volunteer. Just a lot of good people. I can't say they are the backbone of the blood program; the donor is the backbone of it. Maybe we're all just different vertebrae of the backbone. That sounds kind of corny, but--

LaBerge: No, that's a lovely metaphor. Is that a good note to end it on?

Carley: Could be.

Retirees in Action

LaBerge: Unless, do you have anything else you'd like to say?

Carley: At the time that we recognized the volunteer picture changing, the retired community starting to volunteer, a wonderful woman by the name of Helen Nemschoff through Bernice came, and we set up a whole program called "Retirees in Action." We went to the different corporations and offered this particular program, that retirees could come and volunteer at the blood bank and help the community and the rest.

It wasn't as successful as we had hoped it would be. I think it was a little bit before its time. But we did get some very, very wonderful volunteers from it, and the corporations were very interested, up to a point. It was before the early retirements started coming in, and I think now if we'd start that program again, I think it might be a little bit different.

LaBerge: Because the corporations who are doing that seem to be putting more into helping those people get over the hump.

Carley: That's right, yes. These were people that were just retiring at the regular time, and a good portion of them, I won't say the majority, a good portion of them were, "Oh, no, I'm just going to take it easy. I have worked for forty-five years, and now it's--." Well, they'd like to have a second job, but the second job is not that easy to come by. Whereas if they are volunteering, at least they're keeping themselves busy. But it was a good program, it was "Retirees in Action," and Helen Nemschoff.

And it was through Helen then that I met Harriet Nathan, because at that time, she was saying, "We've got to get Bernice to do an oral history." She'd be all ready to go, and then she'd say, "Betty, I can't do it." [tape interruption]

Students in Blood Banking

LaBerge: Can you just say again the statement about how many women have Mrs. Hemphill to thank for their careers? Or I just repeated it for you. [laughter]

Carley: Yes.

LaBerge: And tell me about the Students in Blood Banking.

Carley: All right. There was a program, I still believe that it's on. It was the SBB program, and Irwin I believe was the first, or one of the first, to inaugurate it, and that was Students in Blood Banking. And these are medical nurse technicians, technologists, from the lab. We have one with us at the blood bank to this day who always says to me, "Bernice Hemphill was my mentor." There are so many, now that I stop and think about it, there are so many women--and men--who have Bernice Hemphill to thank for getting them started in their careers, and encouraging them, if not starting them, when they would come to Irwin, always being there for them and encouraging them in their careers.

So she's an all-around giver, to the donor, to the community, to the volunteer, and to the staff. Whether it was advice, or physically being there, whatever, that was Bernice. And even frustration, which I think in the long run sometimes got us set in the right direction.

LaBerge: Anything more on women's role?

Carley: Actually, as I see it now in the volunteer picture, which was always women's role, now it has become men's role, has become a big part of it. Which I think is rather interesting when you consider just the reverse in the work field.

LaBerge: That's right.

Carley: Which, when they come together, as they have at Irwin, works out to be a very, very good relationship, working together. So we have them on both sides: women adding to the professional business end of it, and the man adding to the volunteer end of it.

LaBerge: Okay.

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LIFE WITH BERNICE by Margaret Harrell APPENDIX A

In July 1948 I sat in a stiff uncomfortable chair across from Bernice Hemphill, being interviewed for a job as secretary (so they said). As I sat there, I noticed an ivy plant growing in a small pot standing at one end of what appeared to be a plate rail. My attention went to this plant as it started in one corner of the room, and its tendrils were trained to run along the ledge all the way around the room, almost returning to the flower pot. Bernice saw me studying this phenomenon while she was finishing a phone call. She explained that the plant had been a gift from the staff three years earlier and it was the only green thing she had been able to grow successfully in her life, so it was a treasured part of her world at Irwin Memorial Blood Bank. This ivy plant, its care and her very obvious pleasure in it reflected two very important facets of her life: appreciation to anyone who expressed an interest in what she was doing and a lifelong loyalty to her staff--and we were colleagues, she emphasized. And how she hated the word Boss!

The interview was not really an interview, I felt. We just sat and sort of chatted about lots of things, as if we had met before. I noticed in the years that went by, Bernice Hemphill had the capability of putting people at their ease and her Catholic girls school/Irish family/navy wife/medical professional background melded together to allow her to be herself.

Following the "interview," I wasn't sure what in the world this job was, but before I knew it Bernice asked me to start the next day. I went home in a daze with a feeling that I might have been conned into something I really didn't understand!

Getting used to my surroundings took a bit of doing. The San Francisco Medical Society allocated the Irwin mansion's basement to house the blood bank from its inception in 1941 because the founders were also members of the society. When the war ended it might have been assumed that the organization would quietly fade away, leaving the Medical Society with its sacrosanct hushed space. The Red Cross showed signs of wishing to take over and startled medical people could see what they considered a part of medical practice shifting into the hands of lay people, so the Irwin Memorial Blood Bank spread itself into the basement until sheer size of operation made a move necessary in the mid-sixties.

I learned early on that some "social events" were considered necessary in this blood bank life. Mrs. Curtis E. Smith was the gracious chairman of volunteers, and she and Bernice had the arduous task once a year to plan a tea to honor the women who had been

volunteers as station wagon drivers and delivery people of blood to local hospitals, and who served as aides to the nurses and dispensers of coffee, tea, and whisky in the refreshment canteen. The latter category of volunteers fascinated me and I never tired of passing the area in the former mansion ballroom where little older ladies, smartly coiffed, quiet diamond jewelry flashing, their San Francisco-requisite hat and white gloves neatly stowed awaiting their departure, moved regally among the donors, offering refreshments, and murmuring to each, "Would you like some bourbon--or sherry? The doctors recommend it." Then out from under the counter they would produce a bottle of Ancient Age or some now-forgotten brand of bourbon which were routinely donated to the blood bank courtesy of some liquor wholesaler who had begun doing this during the war and never remembered to stop. The sherry did not move much, but also was donated, thanks to the Christian Brothers.

The teas honoring volunteers lasted until we moved into our own building at Turk and Masonic in the mid-sixties. Held in the first floor drawing room at 2180 Washington Street, we positioned chairs in small groups here and there, and the tea table swathed in Mrs. Smith's heirloom linen cloth was the focal point. She also provided the silver tea service, and for a time we used the heavy white crockery cups and saucers which had been donated during World War II for use in the refreshment canteen. Later we rented supplies. Mrs. Smith had a cateress, a woman of noble proportions who felt that Dr. Smith saved her life at some time in the past (he was a surgeon at St. Joseph's Hospital), so anything Mrs. Smith wanted, Mrs. Smith got. These teas were all very genteel, and for many just the opportunity to walk up the curved stairs and into the Irwin mansion's first floor was a privilege. They became silent as they entered the grandiose hushed interior, and many glances to the right showed them the magnificent staircase with the Tiffany stained glass window--much to remember and comment about to one's friends.

Mrs. Smith sealed my fate as a social secretary and expediter of events with her approval of me to Bernice. I didn't mind because the work I was assigned was rather dull and didn't tax my intelligence. Eventually this changed, but the "idea person" and "hostess with the mostest" tag persisted. Bernice expected a certain amount of entertaining and hospitality to be available as the organization grew and visitors arrived from the four corners of the world. Fortunately, the blood bank had other employees who were just as innovative as I, and we pooled our resources when needed. Without them I would have been hard pressed to come up with some of the projects we executed.

One thing Bernice wanted was for the employees to be treated as friends and members of a team in the field of blood transfusion. At the time the idea was innovative because physicians considered the blood bank differently: "I need it; get it; provide it." Gradually she changed the face of this segment of medicine with her conceptual ideas

for improvement. I recognized jealousy of her by male members of the profession: first, because she was NOT a physician but knew more than they did about the business; and second, because she was a woman. Many were the doctors who came to her office from across the country "to talk." Finally I told her I was sure they were only there to "pick her brain," but she discounted that. Until the day she saw her ideas presented before national gatherings as theirs! From that time on she became more guarded and began to harbor her plans for her own use. Emi Shinagawa helped immeasurably in this because Bernice used to ask us to put her words together from ideas she "jotted down." Emi could do this but I could not. My style of writing is my own and I cannot depict things in the way Bernice and Emi did.

With the influx of expected and unexpected visitors to the blood bank came the need to entertain them, give them refreshments, feed them or show them the sights. Van Pleasants and I became the blood bank's official tour guides. He drove a station wagon and I extolled the virtues of the sights of San Francisco from the back seat, giving the front to the top-ranking visitor. Fortunately I knew stories about the city that the tour guides don't, being descended from two of the first settlers of San Francisco who arrived in 1776. During AMA conventions some of Bernice's blood bank colleagues from elsewhere would call her, wanting to see the night sights, et cetera. She always had her husband's navy physician buddies to entertain so she handed over the others to me. I was unmarried, no dependents waiting for dinner, so it was considered that I would always be able to snap to it when needed. Generally I did, because it helped her.

Bernice became active in the International Blood Transfusion organization and we began to have a succession of foreign visitors. Since I am bilingual (English and Spanish) with a tolerable knowledge of Italian and German, I drew the duty again to accompany her on the tours of the facility with these people, who in most cases knew no English. She solved the problem by speaking English slowly and LOUDLY.

In the early days the blood bank personnel could be said to be 90 percent female and this proved a "puzzlement" to our foreign visitors, especially those from South America, who questioned me thoroughly as to why this was. I usually explained that our families were very proud of us for the work we were doing and that we were all especially trained for our work. When this information is given and reeled off the tongue in very dulcet Spanish, it is accepted. I could have said, "It's because men want more money to do the job so women do it, but just wait!" I didn't. They would not have understood. Bernice asked me later what I was explaining with so many gestures and I just said it was about the surroundings.

Bernice's activities in the American Association of Blood Banks opened up Irwin Memorial to thousands of blood bank professionals

through their annual meetings. Although the events were planned from their Washington office, when the meeting was scheduled for San Francisco we were responsible for local activities. I prefer planning an event long in advance and did my part this way. Bernice worked out the places, got the sponsors, and we were off. I almost joined the Christian Brothers through the many calls for donations of wine and champagne. They always came through. Cases by the truckload were delivered to our loading dock. Van Pleasants supervised the storage and security, as well as the delivery to the headquarters hotel or the site of the event. Caterers were contacted and details worked out. I reached the point of hating to cross the lobby of any Hilton Hotel because they were sure I represented the convention bureau since I was on the phone to them so often. I really enjoyed that work. Of course, most of my regular work at the blood bank waited for me and I would run myself into the ground trying to do everything required. Thank goodness it wasn't mentally taxing!

Blood bank professionals from all over the country loved coming to San Francisco for their meeting and would have come annually if it could be arranged. Bernice contrived to have me appointed chairman of the Public Relations Committee, concerning means of publicizing our organizations and the donations of blood. This entailed contacting all blood banks prior to the meetings and obtaining their most successful or outstanding examples of publicizing their bank. That was fun and interesting. Fronting the exhibit at the meetings was interesting. It was a busy exhibit because people came from all blood banks to see what they could copy for their own use, most not having very extensive budgets for PR material.

One year before the first time they were scheduled for San Francisco we had an exhibit at the Chicago meeting, just to publicize the San Francisco meeting. I thought it might be interesting to use the city's Asian history, so I wore one of my Chinese Cheong-sam dresses (before gravity and lack of exercise hit me) and gave out fortune cookies from rice baskets; the fortune on one side of the slip was the usual and the other side gave the dates, place, et cetera, urging people to attend the following year. I found it unbelievable that so many people had never seen a fortune cookie and didn't know they could be eaten. The backdrop of the exhibit was a mural of San Francisco and Chinatown, and I not only gave out cookies but showed how to break open, eat, and read the fortune. The high point of my stint occurred when a troop of nuns from one of the area's Catholic hospitals converged on me, anxious to get something free. I gave the great cookie demonstration and they held a small conference to determine if they would be inviting excommunication if they read the fortune. As a semi-good Catholic I assured them this was only for fun.

Through it all Bernice urged me on with my outlandish ideas and projects, because I think she would have liked to indulge in some of them herself but her position did not exactly allow it. Early on, staff parties were organized for various holidays, birthdays, et cetera, and she surprised everyone with her performances of traditional Hawaiian hulas. During the time she and Charles lived on Oahu early in their marriage, she studied Hawaiian dancing and came home complete with her sarong, leis, and flowers. And she was good!

During the Korean War and while we were still in the Irwin mansion, we found ourselves procuring blood for shipment to the Far East. It was with the assistance of the Red Cross (they couldn't intrude on our area in drawing blood but were to handle publicity to encourage people to donate). As a result we found ourselves visited by various dignitaries who wanted to do what they could for "the war." I think they felt it was a sort of continuation of World War II. Bernice found herself greeting the likes of Eleanor Roosevelt (who was fascinated to find herself in such a different building), various movie stars, music world celebrities, government officials, et cetera. Most of the time the Red Cross would not notify us of impending visits and they would sail in, resplendent in uniform, and try to take over. Someone was always on the alert to let Bernice know and she would suddenly appear, smiling and welcoming. It was as if she were the occupant of the home and these were her guests. So much for uniforms.

During that time and until we ceased procuring blood for the Korean War, I think everyone in the Administrative Office became accustomed to suddenly being hustled off our chairs and into the mobs of servicemen and regular blood donors to act as hostesses, passing trays of cookies, pouring coffee, making small talk, et cetera. Bernice made us realize that we were not just employees but part of the blood bank family. She always gave credit for accomplishments as being due to each and every employee because, she always stated, no one person could accomplish what we did without the assistance of every employee in the organization. She was never stinting in praise when it was due. Awards were not confined to the more visible departments; she highlighted the contribution of each of us. She was loyal to the staff and once they realized what she was like and that she felt she, too, was "an employee," they became completely loyal to her and her efforts.

Other people in the organization were interested in being innovative and even outrageous, within reason. Dr. William Stephens, for one. His enthusiasm and immediate response to a suggestion from Bernice was so very reassuring to her. She had only to run an idea past him and he sprang into action. His wife also joined in with unbridled enthusiasm. They were both great friends and supporters of the blood bank as it was when Bernice was in charge.

When I first went to work at Irwin Memorial, I had a difficult time understanding and adjusting to the role of the San Francisco Medical Society and many of its physicians in the operation of our organization. They tolerated us yet clung to our good reputation, all of which Bernice had brought into being. I felt they resented her and her success because she was a female and not a physician. Witness the fact that in the entire history of the San Francisco Medical Society they have had only one woman president, Dr. Roberta Fenlon. When I came to Irwin Memorial almost every hospital was directed by a physician. Not so any more. Trained professionals are directing what always was and definitely is a business.

Eventually as blood banking became more complex, with licensing and regulation, and its role in medicine expanded, Bernice came into her own; nationally and internationally her reputation grew, again to the obvious jealousy of some of the medical community. She hung in there, though, and stood up for what she believed in--the patient and the blood donor.

So "Life with Bernice" was definitely an exciting and rewarding time, albeit at times most exasperating. She instilled loyalty in each of us for the organization but mostly for her because she was for us. She gave so much of herself to what she firmly believed in, and we were motivated to do the same. I often thought if she had ever been allowed to become a priest.....Pope, look out!

Margaret Harrell

King City, California
April 1997

January 13, 1981

TO: Mrs. Hemphill

FR: Janet Takeyama

RE: Memoirs

Attached are the pages I have done so far, based on our earlier conversation. I am concentrating on your feelings and impressions. I think that the factual part on your career, which should be written in the third person, can be left to last. If I don't get to it, it is the type of thing that Susan could easily do, as it is all based on factual material which we have here.

I can meet with you most any time with two exceptions: on Monday afternoon, January 18 and 25, I have to attend meetings related to my trip. I will be out of the office both days for a few hours.

I think that some anecdotal material would add a great deal to this, and that is why we need to meet about those questions I gave you.

The volunteer donor...

During a recent interview I was asked who my mentor was. Who was the person who counseled me in my career, who served as my teacher and helped me around those barriers that often impede a career.

The question made me pause, for frankly, there has been no one person who has played this role for me. But after reflecting I realized that there have been a great number of people, a collective group of diverse individuals from many walks of life, who have given me the daily inspiration that I needed. They are, of course, the volunteer blood donors of Irwin Memorial Blood Bank and America.

Even today, more than 40 years after I began my career, I never cease to look upon the volunteer donor without a certain sense of awe and wonder. Here are people--a small percentage of the population--who give of themselves time after time so that a stranger may live. They give so much--life itself--and receive so little: a cup of coffee, a donut and a heart-felt thank you from our staff. They give willingly and cheerfully; occasionally, some even get perturbed if we don't call them once they become eligible to give again!

Some donors will drive for miles to get to a donor site. Up in our Shasta Area they have trudged through snowdrifts; in our North Bay area they have waded through water during incredible storms. They have responded at 2 o'clock in the morning, when we had to open San Francisco headquarters to meet an emergency need for fresh blood. They have walked away from dinners and cut short personal engagements--all because they received an urgent call from the blood bank telling them that blood of their type was needed.

Blood donors do not meet the blood recipient; they seldom even know who it is. Even the "credit" we give them, the slip of paper telling them they have blood credit on deposit, doesn't begin to "repay" or recognize the gift of a blood donor. Yet, at Irwin alone nearly 150 people have given ten gallons or more in blood donations. This represents a minimum of 16 years of giving five donations a year. For many, the number of years is much greater. And then there are those donors who have contributed over 120 times--an incredible record!

There have been many studies about blood donors. In 1960, Perry London, a UCLA psychologist, and I published a lengthy one that delved into the motivations of blood donors. We showed that blood donors are mostly men, mostly in their young to middle years, of low to average incomes, and are motivated by various feelings and perceptions, from humanitarian concerns to our blood replacement program. There have been many other studies that have added insight into donorship, but none that explains, in human terms, how one healthy person can consistently drive past the blood bank without once attempting to donate, while his neighbor religiously stops by every eight to ten weeks.

I have often wondered why the blood donor--that super-American--hasn't received the public "spotlight" he or she is due. Our society worships movie stars, sports figures and media celebrities, but the blood donor, whose quiet contribution is as great as any in our land, is often passed by and taken for granted. I sometimes wonder if our values are not out of joint when we pay tribute to the stars of stage and screen but so seldom recognize those among us who make life possible for millions of others.

Most donors do not ask for fanfare; "giving" is its own reward for these unassuming volunteers. Yet I have often felt that if society gave them half the recognition and publicity it does its minor celebrities, the problem of "donor recruitment" would be solved. Yes, the primary problem of blood banking has remained the same over 40 years: how to woo the non-donor; how to protect the community against blood shortages.

The feelings I have for these generous people, feelings of deep appreciation, of gratitude and "wonderment", have enabled me to rededicate myself daily to the job at hand. When I drive up to our parking lot in the morning and see a donor cross to the door, it never ceases to inspire me. A donor is like an old friend, someone you can count on when the going gets rough. To be part of this "family of friends" is a privilege and a source of continual energy and strength.

Voluntarism...

I've always felt that voluntarism was the heart-beat of America. In my travels around the world I see many acts of charity and kindness, but it is in America where the voluntary spirit seems most instilled in the citizenry. Alexis de Tocqueville, the 19th century French statesman and writer, recognized this special characteristic of Americans. In recent years, though voluntarism has taken different shapes and forms, it remains a lively force that shapes many of our institutions and communities.

Blood banking offers a unique dimension of voluntarism: the voluntary blood donation. If it is true that "when you give of yourself you truly give," then there is no greater gift than that from the blood donor.

But while we tend to associate voluntarism with blood donors, there are many other ways for people to give. From the day the blood bank opened, in June 1941, there have been countless individuals who have donated their time and talents as members of our Volunteer Corps. Women, in particular, became involved as our "helping hands" and many took on assignments of great responsibility, helping organize blood drives, recruit donors, assist our nurses, act as hostesses at our canteen and other indispensable jobs at our San Francisco headquarters, on mobiles and at our Blood Centers. Some of these women (and men as well) have become our most loyal supporters, contributing thousands of hours of service over ten, twenty or more years.

Yet another form of giving and voluntarism is the monetary gift. The blood bank owes its existence to the generosity of people who gave from their pocketbooks as well as their hearts. Since Irwin's inception, the William G. Irwin Charity Foundation and others have provided the financial support essential to Irwin's growth and development. I can remember those times when a specific project or service would never have materialized but for a bequest or donation of money. Our building itself, our mobile units and blood centers were all financed this way. And in one of our darkest hours, when our blood bank was threatened by a lawsuit beyond the pale of justice, it was a a monetary bequest that saw us through.

I've always tried to ask myself what can I give, not what can I receive. I learned long ago that you can't give without receiving, and the more you give the more you will receive. Giving links you with other people, and for me, there is no greater source of joy.

Voluntarism...

Money has never been a goal for me; it was never the object of my work or career. Had it been, I would have chosen another path. Though my husband and I have never been wealthy, we are still fortunate enough to be able to help others. You never know if someday you may need to be a recipient yourself. There is no shame in receiving; at another time in your life you will be able to give. Yet it is one thing to give and another to take. Unfortunately, the "takers" will always be with us. Even blood banking is not immune to this dark side of human nature.

Blood Banking

It was fate that I became a blood banker. True, as a licensed bioanalyst the basic training and "instincts" were there, but it was an idea I had never entertained. Then fate brought my husband (a Navy Captain) and me to Honolulu in 1941. When the Japanese bombed Pearl Harbor I rushed to Queen's Hospital and offered to donate blood and assist in their laboratory. Shortly I became head of the laboratory and by the time we left Honolulu, two years later, I was living, breathing and thinking blood banking: I was a captive subject. Later, in San Francisco, I gravitated to Irwin Memorial Blood Bank, and I suppose you could say I was in the right place at the right time when they offered me the job of Managing Director shortly thereafter. In those days few women had careers and I didn't think of it as such. I just knew it was a challenge I couldn't ignore, a "love" I couldn't deny.

Had blood banking not "found" me, another form of work and service would have. The fact is I love to work. I am a confirmed workaholic and a happy one at that.

For years I've worked 10, 12 or 14 hours a day. It isn't at all unusual for my associate of many years, Emi Shinagawa, and me to work long after midnight and begin anew the next morning. My adrenalin always seems to be on "automatic pilot". I've been blessed with good health and an abundance of energy. I'm a habitue of "red eye" flights back to the East Coast for 8 a.m. meetings, then turning around and returning to the West Coast the same day. My schedule is booked weeks ahead, seven days a week; I guess I have a hard time saying "no". People keep asking me how I do it. I really can't say--you either have the stamina and interest or you don't. For me, the challenges and fulfillment of work never diminish: there is always more you can do, and you can always do it better.

Blood banking...

Being a workaholic, I am very happy that I found a field where my energies and efforts can be productively spent. Whatever else you say about blood banking, you must recognize that it is a meaningful and substantive activity. Every day I come to work knowing my actions and decisions can affect other people's lives, their health and happiness. That rare moment when you meet the person whose life has been saved, when you see that good health has been restored, when you hear the laughter of a family back together--these are precious moments that make you thankful that you have played a role in the "blood lifeline". There are not many other jobs that offer this same sense of satisfaction; it is a feeling shared by many of us at Irwin.

I also feel fortunate to have worked in a field that was so young and new. When we began in the 40's there were no models to copy and no patterns to follow. We had to find our own way, a voyage of discovery. As one of the pioneers, I had the opportunity to be creative and innovative.I've never been short of ideas or willpower, only of time and money.

Thrust into a management position at a young age, I had to teach myself the hows and whys of administrating a rapidly growing organization. I read everything I could get my hands on, and I relied on the expertise of others for those areas where I had less understanding and knowledge. I made it a point to always do my homework, to always come to a meeting more prepared than was probably necessary.

The key focus in my work has always been people. I see the necessity for plans, programs and projects; I am interested in science and technology; but my heart is with people. My approach in management has always been to identify with people and their concerns. I try to empathize with those who need blood transfusions and their families. What type of service would I want if I were they? And, while I no longer can donate blood, I try to keep the donor's needs in mind. At Irwin Memorial we collect over 120,000 pints of blood a year from over 60,000 individuals. The Irwin "family" is indeed a large one; we depend on them and they depend on us.

Considering my "love affair" with blood banking, my good health and enthusiasm for my work, many people have asked why I retired. Like Beverly Sills, Walter Cronkite and Rocky Marciano, I decided to leave at the peak of my career. I didn't want to wait until my zest for work started to wane. I didn't want to wait until a fateful morning when work had lost its appeal. It has been a long career, and I am proud of my accomplishments and contributions. I've laid a groundwork for my sucessors upon which they can build. And I shall always be part of Irwin and making a contribution as best I can.

Leadership...

Through the years I have become acquainted with many leaders--leaders in health services and medicine, political leaders, leaders in business and commerce and the arts. This has been one of the privileges of my position and a special pleasure to me as I have engaged in various activities.

I assumed the mantle of leadership at an early age. Now, after many years, people ask how I would describe my own style of leadership and what characteristics I identify in other leaders.

What distinguishes a good leader is his or her relationship with those people whom we inadequately describe as "followers". In the best situations the contributions of each person is equal and complementary, a relationship of mutual respect. I know how important it is to work with people who can take your ideas and run with them. Fortunately, I have always been a good "salesman" or promoter of ideas, for there is very little you can accomplish on your own.

I know, too, that a leader needs good timing. You need to know when to act and when to wait, when to speak up and when to remain silent. I am not sure you can learn this through experience. I have seen brilliant people who have made their move at the wrong time and walked into disaster.

A good leader also needs to be a visionary, someone who constantly looks into the future, who can see the possibilities ahead. You need to have a sense of how today's actions will affect tomorrow's situation. I, for one, don't spend much time looking back except to try to identify my mistakes.

Leaders are always where the action is. In any profession there is a nucleus of people who make things happen. Inevitably there is some friction and conflict, but as Harry Truman said: "If you can't take the heat, stay out of the kitchen." I do not look for trouble, but I have never been afraid of confrontation. I stand up for what I believe in; I know that people can move mountains, I have seen it over and over.

Good leaders need to recognize their limitations. Personally, I am aware that many of my troubles I have brought on myself by being strong. My greatest strength is also my greatest weakness.

Finally, a good leader never rests on his laurels. I am never satisfied. The world keeps turning, and you must move with it.

SF EXAMINER 1946

WAR STILL ON FOR THE BLOOD BANK

* * * * * * * * *

Pearl Harbor Survivor Is New Director

BY JANE SUDEKUM

As it did with so many of us, the Pearl Harbor attack completely rerouted the life of Mrs. Charles Hemphill.

She had "retired" from her work as laboratory technician and was comfortably settled in Waikiki with her Navy Dental Corps husband when the Japs attacked. Commander Hemphill dashed for his ship and she thumbed her way to Honolulu's Queen's Hospital, to which all islanders were being urged to report for blood donations.

"I went, not so much to give blood," Mrs. Hemphill says, "but to volunteer my services."

Almost continuously since Dec. 7, 1941, she has been working. Now she is managing director of the Irwin Memorial Blood Bank here and is heading a campaign for volunteer donors to give blood for patients in both civilian and military hospitals.

Mrs. Hemphill looks almost as if she would be more at home behind a tea urn than behind the title of "managing director." She is young and her blue eyes and dark hair are obvious clues to her family background that cannot be mistaken when you learn her maiden name—Bernice Monahan. She is Irish, and determined!

Her experience, combined with her determination, provides a good background for that "managing director" title.

"I reported for work after the Pearl Harbor attack and stayed on for the next two years," Mrs. Hemphill reveals. "Queen's Hospital turned its facilities to drawing blood for the military.

MRS. CHARLES HEMPHILL.

"We were there until Jan. 24, 1942, when the Office of Civilian Defense moved us into two little election booths. We were there six months.

"And don't let any one tell you sterile blood and plasma can't be produced under adverse conditions. We did it!"

Her eyes light up when she describes the beautiful headquarters finally built on Queen's Hospital grounds where she was "supervising technician for the productions of biologics, in charge of the laboratory for making blood and plasma."

Small wonder that she could step into the Irwin Blood Bank position when you think of that Honolulu laboratory that drew blood from between 1800 and 2000 persons monthly.

In asking San Franciscans to volunteer blood donations, Mrs. Hemphill points out that even though much plasma has been released by the Red Cross whole-blood is the need now.

"Plasma can be used in only a small percentage of cases," she reports. "The emphasis is now on whole blood. We have continuous calls for it both from civilian and military hospitals."

Keeping her home at 2250 North Point-st and the Blood Bank running provides plenty of work for Mrs. Hemphill.

S. F. CALL-BULLETIN— July 31, 1946 B

MELVIN SCHEFLIN, MAYOR LAPHAM AND MRS. B. HEMPHILL

Discuss Plans to Spur Blood Donations

Blood Donor Drive Set

The Junior Chamber of Commerce will launch a month's drive tomorrow in an effort to replenish the low supply of whole blood at the Erwin Memorial Blood Bank.

The campaign will get under way with the official blessing of Mayor Lapham an dthe Board of Supervisors, who nave designated August as "Irwin Memorial Blood Bank Month."

Melvin Scheflin, chairman of the public health committee of the junior chamber, will direct his organization's drive to obtain donors for the bank.

San Francisco Examiner 3
Thurs., Aug. 1, 1946 ★CCCC★

PRIMED—With Mayor Lapham handling the starter's whistle and Bernice Hemphile as timer, these members of the Junior Chamber of Commerce are on their marks to start the chamber's drive for donors to the Irwin Memorial Blood Bank, which supplies needy patients at all San Francisco hospitals. Front row: Charles Rush, Lloyd Knowlton and Al Stanton. Back row: Ed McCall, Matt Carberry and Fran Stradcutter. —Photo by San Francisco Examiner.

Dec 12 1949

A'CISCO NEWS

Treasurer

San Francisco News,
December 12, 1949.

Mrs. Charles D. Hemphill has new duties.

• • •

Mrs. C.D. Hemphill New Treasurer for Nat. Blood Banks

In recognition of Mrs. Charles D. Hemphill's contribution to the country's non-profit community blood bank program, she has been named to the office of national treasurer of the American Association of Blood Banks.

Mrs. Hemphill is managing director of the Irwin Memorial Blood Bank, the largest non-profit community blood bank in the United States. She and Dr. DeWitt Burnham, chairman of the San Francisco County Medical Society's blood bank commission, represented the local blood procurement center at the association's second annual convention last month in Seattle.

At that time Mrs. Hemphill, who is also on the Unwed Parenthood Committee of the Family and Children's Council of the Community Chest, presented a paper on "Mobile Trips for Blood Procurement—Their Vital Role in a Community Blood Bank Program."

It was reported at the convention by Dr. John R. Upton, chairman of the California Medical Association's blood bank commission, that eight such centers have been established in this state since the start of the program.

San Francisco Examiner 6
SMART SET SECTION—
Sunday, Jan. 6, 1952

ALL IMPORTANT in the operation of the Irwin Memorial Blood Bank are the services of its volunteer staff. Typical of the women who give their time to this vital work are Mrs. Zach Coblentz (left) and Mrs. Curtis E. Smith (right) who were recently congratulated by Mrs. Charles D. Hemphill, blood bank director, on completion of ten years of continuous volunteer service. —Larry Kenney photo.

San Francisco Examiner, August 2
1960.

AMERICAN ASSN. AND RED CROSS BLOOD BANKS FORM NATIONAL SYSTEM
. . . negotiators (l. to r.) Robert Shea, Bernice Hemphill, E. R. Jennings, Sam Gibson.

Nation-wide Clearing House Set Up For Blood Banks; S.F. Units Join In

By JOHN F. ALLEN
Examiner Science Editor

The establishment of a new nation-wide system of banking — involving that most precious of all commodities, human blood — was announced here yesterday.

After years of negotiation, the country's two major systems engaged in collecting, processing and supplying blood have agreed to reciprocal arrangement for the exchange of blood and blood credits.

ANNUAL MEETING

They are the American Association of Blood Banks (AABB), representing 628 independent blood banks located in every State but Alaska, and the American Red Cross, which has 55 regional blood centers.

The announcement of the agreement was made as the AABB opened its annual meeting at the Jack Tar Hotel.

In great part responsible for the success of the long negotiations was Mrs. Bernice Hemphill, treasurer of the AABB and administrative director of the Irwin Memorial Blood Bank, run by the San Francisco Medical Society, and one of the biggest and best anywhere.

What the agreement means is that a central clearing house will process credits and debits between the two groups, with only the remainder due either one physically transported in the form of blood shipments.

All along each of the separate systems has had a clearing house exchange method of its own, but interchange of blood or credits between the two was informal and existed only in some sections of the country.

What the new agreement means to the people to whom blood can spell the difference between life and death is that it will now be much easier to obtain donors to replace the blood used, and thus cut the cost involved.

INSTANCE CITED

For instance, the recipient of blood in a hospital served by an independent bank can now have relatives or friends in an area served only by the Red Cross donate blood to satisfy the deficit he has created.

The two systems now account for about 80 per cent of all blood used in the United States—close to 5,000,000 pints in 1959.

The AABB meeting marks the 60th anniversary of the discovery of the basic ABO system of blood groups by the late Dr. Karl Landsteiner, who won a Nobel Prize for his work.

Without that discovery the modern use of blood transfusions would be impossible, since the wrong type of blood can bring illness or death to the recipient.

Now, however, blood banking involves the identification and processing of scores of sub-types of human blood, some of them extremely rare, but vastly important to those concerned, since here again use of the wrong sub-type can spell disaster.

At yesterday's session one of the rarest of these sub-types—Val negative—was discussed by Dr. Philip Levine, of the Ortho Research Foundation, Raritan, N. J., a co-discoverer of the Rh factor.

Doctor Levine isolated the new factor in a patient after it was found that in 300 donors no blood could be found that was compatible enough to be used.

Luckily, it was found that six members of the patient's family had blood that agreed, and hence were able to provide transfusions.

VERY RARE

Doctor Levine estimated that Val negative blood is so rare that 99.96 per cent of donated blood would be useless for transfusion.

As in other cases of incompatibility, what happens is that the patient with specific type or sub-type of blood treats other types as foreign substances and releases antibodies to destroy them.

Thus, the wrong sort of donor blood is not only useless, it can bring illness and death because the debris of the destroyed donor blood clogs the kidneys.

To help provide the availability of blood for those with rare types, the AABB has set up a Rare Donor File, in which information from all over the world is gradually piling up.

In the future, when a person with a rare blood type needs a transfusion the file will be checked and donors with the same type can be tapped and the blood flown to where it is needed.

Prize-Winning Banker Deals in Blood

By MILDRED SCHROEDER

BERNICE HEMPHILL has been out for blood with increasing success since 1941, and her efforts were officially recognized last night by the American Association of Blood Banks.

She was awarded the John Elliott Memorial Award, one of two annual prizes of the AABB, with a citation and a $500 emolument for her outstanding contributions in the development of blood banking. The prize was presented at the AABB International Night program and banquet.

She played a major role in the establishment of a reciprocal plan for the exchange of blood and blood credits nation-wide by the AABB and the American Red Cross, and she helped make the announcement of this life-saving milestone Monday at the opening of the AABB convention at the Jack Tar Hotel.

The fashionable, soft-spoken brunette, managing director of San Francisco's Irwin Memorial Blood Bank and first woman to head a metropolitan blood bank, haa been treasurer of the AABB for the past 10 years.

SAN FRANCISCO'S BERNICE HEMPHILL
A national leader in blood banking development

She originated and organized the National Clearing House Program of the AABB, which permits a donor on one coast to give blood for a patient 3,000 miles away. Now she is looking Tokyo-ward toward the September International Transfussion Congress and the possibilities of international trade in blood.

Mrs. Hemphill, general chairman of the local arrangements committee for the current meeting of nearly 1,000 scientists, technical experts and administrators in blood transfusion therapy, paused to discuss how she "grew up in blood banking."

Charmingly feminine in a mauve-pink tweed suit, the same color of two velvety Tasmanian lilies just presented her, she gestured with a slender hand. The star sapphire on her finger echoed the smokey sparkle of her dark blue eyes as she talked about the miracles that result from blood banking programs.

A THIRD generation San Franciscan, she was a laboratory technologist attending medical college when she met and married dentist Charles Hemphill. In October, 1941, she accompanied him on a Navy assignment to Pearl Harbor. On Dec. 8 she went to the Honolulu-Pearl Harbor blood bank to give a pint of blood.

She has been giving in other ways ever since. "I didn't get away from that hospital for four days," and she worked there until 1943 when the Hemphills returned to San Francisco. She immediately reported as a volunteer at the local blood bank.

In 1944 she was asked to become director of the center that collected and processed 12,000 pints a year. During the Korean War that figure soared to 100,000 a year and the services related to blood banking expanded almost as fast.

Ten years ago she began to wonder why a Californian's blood couldn't become transfusion tender in Connecticut, or Kansas. Typically she immediately translated her idea into action and now the National Clearing House Program transfer blood credits as easily as its financial counterpart handles money movement.

Mrs. Hemphill and her husband, now a captain and senior dental officer at the San Francisco Naval Shipyard, have decorate their Marina home with their Oriental art collection. Their dinner last Friday for 40 AABB executives and directors was a preconvention highlight.

When she can get away from blood banking, she serves on United Community Fund boards and is active in the Navy Dental Wives Club. "And I like to sit in the sun while my husband guides our cabin cruiser to good fishing spots."

Washington Post, August 29, 1964.

For Blood Banks

Life's In Balance At Clearing House

By Louise Durbin

HAVE YOU EVER TRIED depositing blood in a San Francisco bank and letting your brother check it out in Baltimore?

It can be done, through a nationwide network of blood banks linked to the National Clearinghouse Program of the American Association of Blood Banks.

The soft-spoken woman behind the idea of a blood clearing house program is Bernice Hemphill, a native San Franciscan who's been in town for the 17th annual meeting of the American Association of Blood Banks, which ended yesterday at the Shoreham Hotel.

It all began when Mrs. Hemphill and her Navy dentist husband returned to San Francisco from wartime Honolulu, where she had worked in blood banking.

"San Francisco was such a stopping off place, and so many people were moving into California every day that when a person needed a transfusion he frequently didn't have a relative in the area to 'repay' the blood," explained Mrs. Hemphill. She had become associated with the Irwin Memorial Blood Bank of which she's now managing director.

"I felt it was necessary to try to have reciprocity between blood banks whereby we could credit the patients for blood 'deposited' by their friends at local banks miles away. I thought we'd better try something like a clearing house in our own geographic area of California first—and try to do as much as possible by paper credits.

"We shipped blood from one bank to another only when an imbalance occurred at the end of the month," she explained.

By Jim McNamara, Staff Photographer

BERNICE HEMPHILL . . . *she made blood banks balance*

THE CLEARING HOUSE program helped the needed blood to flow freely from town to town.

Today some 696 blood banks participate in the national program which is meshed together through five district clearing houses set up in Dallas, Chicago, New York, and Jacksonville, Fla., as well as in San Francisco, which serves as clearing house for both Western area and National headquarters.

Blood deposited in Honolulu can be credited to a patient who's undergoing surgery in Rochester, Minn.

The clearing house also maintains a log which tells at a glance which bank has a need, and which a surplus, of a certain blood type. The clearing house then notifies the local bank where it can borrow or lend the perishable living fluid.

"FOR OPEN HEART surgery and transplants most patients go to certain medical centers which may be hundreds of miles away from their friends and donors, and the blood required can only be 48 hours old for some operations. The clearing house plays a major role in locating the blood needed, and expediting its transfer to the patient," Mrs. Hemphill said.

Officers of both the national and district clearing houses and the AARB are volunteers, Mrs. Hemphill explained, who are engaged full time in other blood bank services. Only clerical help is hired to help carry out the work.

"And of course we must have volunteer donors to give blood in the first place," she stressed. "We must have more people aware of the enormous day-by-day needs for whole blood and its derivatives."

Saturday, she will join her husband, Capt. Charles D. Hemphill, in New York, then they'll take off for a Scandinavian vacation. Mrs. Hemphill will attend the International Transfusion Society Congress in Stockholm "and visit blood banks en route" as they travel through northern Europe.

Thursday, November 20, 1969

Page 2, Section 3 HOUSTON CHRONICLE

Thanks to Bernice Hemphill

You Can Give Blood to Auntie in Oregon Without Leaving Houston

Photo by Jim Coker, Chronicle Staff

Bernice Hemphill, originator of the nationwide blood bank clearing house.

BY BRENDA BEUST SMITH
Chronicle Staff

Thanks to Bernice Hemphill, you can donate blood for your aunt in Oregon or replace blood used by your brother in New York without ever leaving Houston.

The pert brunette, in town for the American Association of Blood Banks convention at the Shamrock Hilton, is the guiding force behind a clearinghouse system for blood donors that stretches from coast to coast.

From her office as head of San Francisco's Erwin Memorial Blook Bank, Bernice serves as the volunteer head of the clearinghouse she established on a nationwide basis in 1957.

"I set up this system first for California in 1951," she explained. "It was such a success, it was adopted by the AABB.

Member blood banks deal only with the clearinghouse office, she continued, rather than with other blood banks.

"We've found this to be an efficient way of making sure each bank is credited with the right amount of donations. When an emergency arises, we know where blood is available and make certain blood donated in Houston for a man in San Francisco is credited to that blood bank."

There are over 800 member facilities around the country, Bernice added, and the clearinghouse office is maintained on a seven-day week basis.

"People who normally give on a routine basis tend to become busier during this time," she explained. "They forget to come in, but the need for blood is even greater, due to accidents and so on.

"There are around 200 million people in the United States today," she said. "Some 90 to 100 million are physically able to give blood. But of this number, less than three million are donors annually."

To meet the nation's needs, she continued, at least six and one-half million applicants are needed. Not all would be acceptable, of course, but out of this number, a sufficient amount of blood would be received.

"The ideal situation, of course, would be to have everyone who is physically able to give, say, once a year. Perhaps on his birthday, or some other specific date so he wouldn't forget."

Around 80 percent of all blood used is donated by volunteers, added Bernice, who also serves as secretary-treasury of the ASBB.

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San Francisco Sunday Examiner
and Chronicle, October 25, 1970

THE BLOOD BANK'S Bernice Hemphill, above, with Dr. Robert Perkins, director of research. At right, in a rare moment of quiet at home.
—Examiner photos by Paul Glines

Bernice: Devotion to a Bank

By Caroline Drewes

SHE'S UP at 7:30 and never in bed before 1 in the morning, sometimes after 12 to 14 hours of work. When friends worry, "You'll burn yourself out," Bernice Hemphill's sapphire eyes sparkle and she says "What a way to go."

But if she could have one personal wish, it might be to continue at this stage of her life forever. "I'd like to stay where I am and keep on doing what I'm doing."

For the past 26 and a half years, Mrs. Hemphill has been managing director of the Irwin Memorial Blood Bank of the San Francisco Medical Society. She's seen medical history made, she's made history herself, and she's in love with her job. Ask her what best reflects her and she'll answer "my work."

Ten years ago, she was named an Examiner Woman of the Year for initiating the American Association of Blood Banks Clearinghouse program which she still directs from her desk in San Francisco. It is one of a number of honors.

This week for the first time in a decade, the AABB is meeting, 3000 strong, here in The City. Bernice, as national treasurer, heads the local host committee. And she's up to her pretty eyebrows in logistics and arrangement details.

★ ★ ★

A third generation San Franciscan — her grandparents followed the Gold Rush to Placerville in the 1850's — some things have remained the same about the remarkable Bernice through the long productive years. Her disarming, deceptively fragile air of femininity, for instance, which masks a formidable intellect and the energy and stamina of a truck driver. Her black hair, worn in the simple page boy style she's never changed, fastened at the nape of the neck with the wide flat trade mark bow. And her concern about working for better government. Her feelings about the value of volunteerism. Her conviction that blood should be given, not sold.

She talks about the past ten years, "the most exciting period in the history of blood banking. But," she says, "with the scientific and technical advancements, have come problems. How to keep people involved in volunteering rather than profitism, how to keep it a borrowing and a lending process." She feels the country can stay on a volunteer donor basis through a grass roots program with community support.

She speaks of the Blood Bank's major building expansion program, now in its final stages. Of a community education program aimed at new, rather than repeat, donors. "The giving should be more equitable distributed. We need

more personal communication, we must get every donor to realize we need him as a disciple.

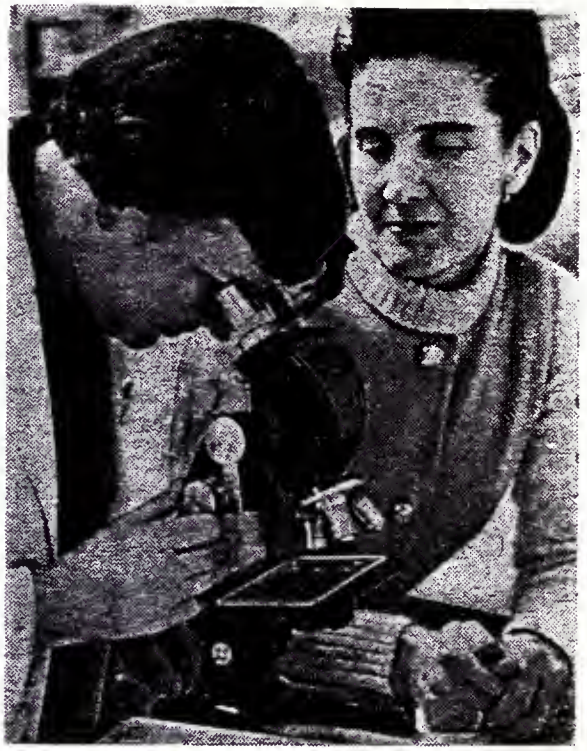
"We need an infusion, new blood in the organization,". Bernice quips. Her laugh is light, verges on a giggle.

★ ★ ★

Like many another dynamic wife, she says "I couldn't do it if it weren't for a warmly understanding and supportive husband." Dr. Charles D. Hemphill is presently Associate Clinical Professor at UC's San Francisco Medical Center School of Dentistry. But back in 1941 he was a Naval officer and they were stationed in Honolulu when the bombs fell on Pearl Harbor. A trained laboratory technologist, Bernice responded to a 9 a.m. radio plea for blood donors that morning of Dec. 7, an act which was to change the direction of her life, and involve her in Blood Bank activities forevermore.

Today, the Hemphills live in a handsome Russian Hill community apartment, with Oriental furniture and art objects. Bernice travels often in the line of work although this couple seldom manages a vacation. (Last year they did circle the globe in a month, and in July she made the cover of the magazine "Soviet Life" after accompanying Bernice Behrens' group of distinguished American women to Russia.)

She whips around town in a cream colored Cadillac with pale blue upholstery,



A TRAINED technologist herself, Bernice pays a visit to laboratory supervisor Marjorie Bedford.

is always on the phone until the last minute. Once a month the Hemphills ask friends to dinner with a special guest from the worlds of welfare or politics or music or the arts and an after-dinner talk and discussion is the entertainment formula.

★ ★ ★

Childless herself but with young friends, she says of alienated youth "I can't see that they're doing much to build a better world. Each individual can live his own life, yes, but never in isolation. Each of us is dependent upon other people and we've got to co-exist. I wish the far-out young would stop being on stage all the time, stop trying to be islands, and modify their egos."

Her own philosophy of life? The answer comes at once, and it's an old one. "The more you give," says Bernice, "the more you receive."

San Francisco Chronicle,
April 23, 1971.

Blood Is Her Life's Work

Woman In Action

By Beverly Koch

BERNICE HEMPHILL can tell you everything you always wanted to know about blood.

You may not think you want to know much, but blood shortage scares, fear of hepatitis and proposals for tax incentives for blood donors are only a few of the things about blood that are raising questions in the minds of more and more Americans.

Mrs. Hemphill, internationally famous in the field of blood banking, is managing director of San Francisco's Irwin Memorial Blood Bank, treasurer of the American Association of Blood Banks and was the initiator of the blood clearing house system.

It all started when, as a young bride, she went to Pearl Harbor with her husband, Charles, who was in the Navy. "On the day of the bombing, I hitched a ride to the hospital to give blood. There were thousands of donors, but nobody knew how to direct the operation so I stepped in," she recalled, dismissing this dramatic [illegible] career with a shrug and "everybody knows that old stuff — that's ancient history."

She was supervising technologist for the Honolulu Blood Plasma Bank from 1941-43. The next year she returned to San Francisco to begin her stint as managing director of Irwin Memorial Blood Bank, which had opened in 1941.

"Blood banking was just embryonic then," she recalled.

By the 1950s there were many blood banks throughout the country, and Mrs. Hemphill saw a need to develop methods for them to recognize and credit each other easily. So she went downtown and studied banking procedures and developed a clearing house program based on the monetary clearing house system.

Now, under this system a San Franciscan, for example, can donate blood at Irwin for a relative having surgery in New York.

The American Association of Blood Banks national clearing house office, located at Irwin, is directed by Mrs. Hemphill on a volunteer basis. This is in addition to her paid job managing Irwin, boosting her work week to between 60 and 80 hours.

"It gets in your blood," she said, apologizing for being "corny." "It's like a hobby — something I'm very happy with."

Blood transfusion therapy and blood banking are more sophisticated now than ever before and so are the problems. First, more blood is needed than in the past. New surgical procedures, such as open heart surgery, demand large quantities of blood.

Mrs. Hemphill doesn't believe that the number of volunteer donors has actually decreased but the recruitment of new volunteers has simply not kept pace with the increased demands. "For example, we have not been able to get younger people to donate. Too many people are repeat donors. There is a crying need to motivate new ones."

According to Mrs. Hemphill, about 20 per cent of the blood issued to patients comes from paid donors and the other 80 per cent from voluntary donation. Of this 20 per cent, no one really knows how many are skid-row types, drug addicts or others who might be in questionable health. Some paid donors are all right. But to Mrs. Hemphill, the ideal is 100 per cent voluntary donations.

"Money should not be paid for blood. It's living tissue like heart or kidney or other transplants. It shouldn't be bartered. It should be a human service."

Mrs. Hemphill is against any kind of monetary incentive that might tempt people to lie about their health, how often they give blood, if they have had hepatitis or any other condition that endangers their own health or the quality of the blood given.

She has testified in Congress in favor of voluntary blood donation. She opposes a recently proposed tax incentive for blood donors. "It's not quite the same as paying for blood," she said thoughtfully, "but the incentive is great enough to be appealing to people who shouldn't be donors."

She is also against insurance policies that cover the replacement cost of blood. "If health insurance pays for the whole thing, we will just get more dollars. The blood must still be replaced."

A blood transfusion costs $37. The blood bank receives $12 for processing fees and a $25 deposit which is returned if the blood is replaced. Some insurance policies pay only the processing fees while others pay the entire cost.

The recent increase of hepatitis has caused some alarm about blood transfusions. While some sources attribute as many as 75,000 cases of hepatitis a year to "bad blood," Mrs. Hemphill contends that it is not possible to identify the source of hepatitis.

"California has a high incidence of hepatitis so large numbers of people are exposed to it, and we can never know for sure when people get it from a blood donation."

Fortunately, a new test (Australia Antigen Test) offers hope for detecting about 25 per cent of the people who may be hepatitis carriers. The test,

Blood shouldn't be bartered, Bernice Hemphill believes

which is performed on the blood after donation, is already in use at Irwin.

Another encouraging note is that the number of women donors has picked up dramatically. A year ago only 16 per cent of the Irwin donors were women; now they number 30 per cent. An effect of women's liberation? "Well, we tried to show women their lack of participation contributed to their being recognized as the weaker sex."

Nothing about Mrs. Hemphill seems "weaker." When she's not working 80 hours a week or testifying in Congress or visiting blood banks around the world, she might be found sailing with her husband, a professor of dentistry at UC Medical Center. Or they might be found at home on Russian Hill.

"I don't want to make out like I'm a slave," she said. "We make all the hours count."

Mrs. Morse Erskine
Campaigned to bring
Brundage collection here

Eunice Gibson
Chinatown's devoted
public health nurse

Mrs. Charles Hemphill
Founding director of
city's Irwin Blood Bank

TEN DISTINGUISHED WOMEN OF 1960

Irma Kay
Her Opera Ring is show-
case for young talent

Ruth Asawa Lanier
Contemporary sculptress
earned nationwide fame

Mrs. Carl Livingston
Won a Jane Addams
community service award

Mrs. Robbins Milbank
Journalist, lecturer, global
minded volunteer

Mrs. Morris Pomeroy
Founded unique Recreation
Center for the Handicapped

Mary Tobin
Promoted JACKIE
Committee, a national first

Christine von Saltza
Swimmer brought Olympic
glory to Bay Area

Published by the
San Francisco Examiner,
1973.

American Women Look at China

22 San Francisco Chronicle

★ N Thurs., June 28, 1973

By Judith Anderson

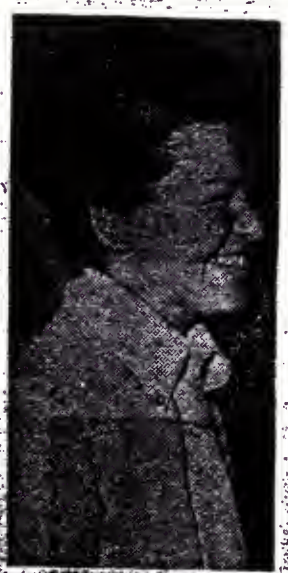
THE TOP priorities in China today are food, clothing and education.

This is the word from Madam Chou En-lai, wife of the premier of China, and several high officials of the Mainland China government.

She made the comments to a delegation from the American Women for International Understanding (AWIU), which visited China June 2-22.

"Everywhere we went in China we saw heavy emphasis on education," said Mrs. Bernice Hemphill president of AWIU and one of the 14 women who made the visit.

"The Chinese are the first to admit that they need to improve their technology," she said Tuesday evening in an interview. "And Madam Chou asked us to tell them how they can improve."



Mrs. Harry Camp: China's behind us"

Mrs. Hemphill is executive director of the Irwin Memorial Blood Bank here and treasurer of the American Association of Blood Banks.

AWIU, incorporated in 1972, is an organization working to promote understanding and good will among women leaders throughout the world. Two years ago 37 women in the group visited Israel and the Soviet Union.

Other Californians on the China tour with Mrs. Hemphill were Mrs. Harry Camp Jr. of Hillsborough, who was chairman of the delegation; Mrs. Howard Ahmanson of Los Angeles, a member of the advisory committee of the American Association of Museums; marine biologist and aquanaut Sylvia Earl Mead of Los Angeles; Mrs. Alexander Ripley of L.A., president of the National Conference on Social Welfare, and Mrs. William (Alison Stilwell) Cameron of Carmel.

Mrs. Cameron, the daughter of General Joseph W. (Vinegar Joe) Stilwell, helped the group with translations (she was born in Peking and is fluent in Mandarin), along with three official interpreters.

Others in the groups were Mrs. Robert McNamara (formerly of Alameda), wife of the former secretary of defense who is now president of the World Bank; consumer economist Esther Peterson; economist Dorothy Gregg Scott; home economist Jane Creel; photographer Margaret Durrance; TV newscaster Marclarose Shestack; Mrs. Albert G. Lanier of New York and Dr. Jane Record, a medical economist.

Bernice Hemphill and other American women visiting China invited the Chinese to send a reciprocal tour group to the U.S.

"We went to China to help develop an international community of women who know each other better," Mrs. Hemphill said.

Mrs. Camp, who flew home to the Bay Area yesterday, said in a telephone interview that she felt as if she had "stepped into a time tunnel" in China.

"The long hours the Chinese work on the farms reminded me of how my grandparents worked when I was a child. The methods of teaching reminded me of the way I was taught in school."

Mrs. Camp said that the Chinese "are behind us in every way, but they have packed such tremendous advancement in 24 years (since the cultural revolution), it won't be long before they catch up — at least industrially."

The next step for the 3000-plus Americans who have visited China in the last three years, she suggested, should be to get together to evaluate the needs they see in China and determine how the U.S. might be able to help.

AWIU issued an invitation to China to send a delegation of women to the United States.

"Madame Chou seemed pleased with the invitation," said Mrs. Hemphill, but no date for a reciprocal visit has been set.

Mrs. Hemphill said she was impressed with efforts the Chinese are making to "better their country."

The women visited Shanghai, Peking, Jinan and Soochow. They were escorted by three interpreter-guides who had been provided by the China International Travel Service (which handles visitors in China in a similar way as does Intourist for Russia).

"We were free to talk to anybody we wanted," Mrs. Hemphill said, "and we were free to take pictures of anything we wanted."

The women went to agricultural communes, hospitals, factories, museums and schools.

"The children were really impressive — they were not at all reticent about reciting their lessons in front of visitors," she said. "And they all seemed eager to participate."

At Capital Hospital in Peking, the group witnessed a woman delivering her first child by cesarean section, anesthetized only by acupuncture needles.

"The woman was awake the whole time," Mrs. Hemphill said. "She waved to us from the delivery table."

Mrs. Hemphill's special interest was blood banks, and she took samples of the latest equipment with her.

"I think they still have a great deal to learn from us in this field," she said. "But when it comes to getting blood donors, they are way ahead."

In factories, for instance, word goes to the manager that blood is needed, and many employees donate, not necessarily because they are coerced, but because of strong feelings of patriotism, she said.

"The communications system seems to be very good in the factories," Mrs. Hemphill said, smiling. "It's an inspiring way of doing things."

ANNUAL FINANCIAL REPORT

of the

American Association of Blood Banks

Presented at the

27th ANNUAL MEETING

of the

American Association of Blood Banks

Disneyland Hotel

Anaheim, California

November 12, 1974

REPORT OF THE TREASURER

TO THE MEMBERS OF THE AMERICAN ASSOCIATION OF BLOOD BANKS:

As your elected Treasurer for many years, I helped guide the managerial, business and fiscal affairs of the Association. Inasmuch as this is my final report to you as Treasurer, it gives me an opportunity to comment on the Association's significant progress over the years.

When I took office in the Fall of 1949, the Association had assets of $1,391.83 and a membership of 536. At its third annual meeting in Chicago in 1950, the AABB had a total of 513 registered delegates; the largest attendance of any annual meeting since the Association was founded in Dallas, Texas in November of 1947. Today, we have a net worth of over $1,000,000 and a membership of over 6,000 blood banks, transfusion services, hospitals, physicians, administrators, technologists and other professionals affiliated with the field of blood banking . . . and we anticipate our annual meeting registration this year will be over 3,000.

During this period, we have seen:

- The development of the Association as an increasingly vital and indispensible organization as a result of its ***Standards for Blood Banks and Transfusion Services***, ***Technical Methods and Procedures***, and many other publications; the establishment of such programs as Inspection & Accreditation, National Clearinghouse, Blood Bank Certification, Reference Laboratories, Frozen Blood Depots, Central File for Rare Donors and HBAg Proficiency Testing; and its annual meeting which provides a major forum for scientific, administrative and technical blood bank professionals.

- The expansion of membership services through the establishment of a Central Office in Chicago in 1958 and a National Office in Washington, D.C. in 1968, with the subsequent consolidation of both offices in Washington in 1972.

- The AABB's ownership of the five district clearinghouses in 1960 through which the National Clearinghouse Program had been operating and the negotiation of an interorganizational reciprocity agreement between the AABB and the American National Red Cross. Income generated as a result of clearinghouse activities has for many years provided the major source of revenue for the Association, helping to offset deficits encountered by Association General.

- The initiation of the Association's official journal, TRANSFUSION, in 1960, which has provided an important medium for the publication of scientific, technical and administrative papers relating to blood banking, as well as a source of AABB income through royalties.

- The growing involvement of the Association in Government and legislative affairs. In 1963, the AABB President and Treasurer testified before the House Ways and Means Committee to discourage the payment of blood itself under Medicare, which resulted in the adoption of the three-unit deductible clause presently in effect.

- The awarding of a three-year grant by the U.S. Public Health Service in 1967 for a Blood Component Therapy Workshop Program, and an additional grant for the AABB's scientific exhibit, "Fractional Blood Therapy in Patients with Malignant Diseases."

- The recognition of the AABB by the Government in 1967 with the signing of a standby contract for its members to provide blood in a national emergency.

- The compilation and publication of substantial statistical data such as "Blood Bank Fees and Replacement Policies of Institutional Members of the American Association of Blood Banks" in 1964 and 1972, and "Blood Collection and Use by AABB Institutional Members" in 1973 and 1974.

These are but a few of the many milestones in the Association's history made possible through the resourcefulness and efforts of its members. These achievements were made without Government subsidy or funding from outside sources. With the exception of one fund drive in 1957 which netted $98,727.50 to further a Five-Year Development Plan for the expansion of AABB services, the Association has relied mainly on its income from membership dues, publications, and the Clearinghouse Program.

It has been the practice of the AABB to provide services to its members at a minimum of cost, recognizing that ultimately it is the consumer who pays. Every major program and service initiated by the AABB has been developed and guided through the voluntary efforts of its members. Its physicians, administrators, technologists, and others have been the "lifeline" of the Association, having willingly given their time, knowledge and expertise to improve blood banking for the American people. Their involvement, together with the help of a small but loyal and hard working staff, has made the AABB what it is today. Based on this heritage the Association has built its strength, and it is important that we continue to foster this spirit of volunteerism among our members in the future.

The financial report presented on the next pages and the budget proposal to be submitted by the Committee on Finance, of which I am a member, depict a healthy financial picture for the Association. With the hiring of an Executive Director and additional staff, and the AABB's growing involvement with Government, national organizations and with the proposed American Blood Commission, we can look forward to further expansion of our activities. If we are to maintain our reserves and operate on a sound financial basis, however, we must continue to be frugal. In our relationship with Government and other organizations, we must be careful to see that for money spent "we get value received." It's our responsibility to see that programs and projects are undertaken with the least possible cost and for the greatest benefit of the public.

It has been a very educational and rewarding experience to serve as Treasurer for so many years. Each day AABB has been a part of my life, and I express my heartfelt thanks and appreciation to the members and the staff with whom I have worked. I have always felt very fortunate to be in the health profession and grateful to have many friends in blood banking. It has been a great honor to have been a part of the tremendous team effort which has made the AABB the most effective and viable professional organization in the field of blood banking today.

Bernice M. Hemphill

MRS. BERNICE M. HEMPHILL
Treasurer

The following report includes a Consolidated Statement of Income and Expenses for the twelve months ended December 31, 1973 and December 31, 1972, as well as a comparative Balance Sheet for 1973 and 1972. The annual audit is performed by the national accounting firm of Haskins & Sells, and a copy of the 1973 audited financial statement is on file in the AABB Central Office.

AMERICAN ASSOCIATION OF BLOOD BANKS

Consolidated Statement of Income and Expenses for The Twelve Months Ended December 31, 1973 and 1972

	1973	1972
INCOME		
Membership dues	$310,998	$284,604
Clearinghouse Program	313,914	301,251
Publications	120,477	133,412
Promotional material	38,937	25,985
Interest on savings	37,650	36,871
Annual meeting (net)	34,413	68,650
HBAg Proficiency Testing Program (net)	28,954	–
Miscellaneous	6,843	10,725
Total	$892,186	$861,498
EXPENSES		
Salaries and other employment expenses	$304,555	$273,517
Office operations	235,555	224,089
Committees	68,693	88,388
Officers	17,919	10,870
Publications:		
Transfusion	42,340	42,909
News Briefs	23,220	2,668
Other	44,757	58,909
Programs and services:		
Inspection and accreditation	23,883	10,150
Clearinghouse	17,586	20,273
Rare Donor File	672	2,817
Other	11,340	11,488
Legal and auditing fees	26,556	36,199
Insurance	1,696	414
Public information and promotional material	36,427	76,298
Depreciation	4,307	3,689
Miscellaneous	11,115	8,780
Total	870,621	871,458
Excess (deficit) of income over expenses	$ 21,565	$ (9,960)

Explanatory Information

CONSOLIDATED STATEMENT OF INCOME AND EXPENSE 1972 and 1973

The income and expense figures shown on left are a consolidation of both Association General and the National Clearinghouse Program accounts.

Membership dues, which provide the major source of revenue for Association General, showed a 9% increase in 1973 over 1972, reflecting a healthy growth in membership. The National Clearinghouse Program continues to provide a primary income base for the AABB, although the increase in income in 1973 was not as great as that of membership dues.

Salaries and other employment expenses includes $14,376 in retirement plan expense for 1973, and office operations includes the cost of publication of the AABB membership roster. These two categories constitute 62% of the total expenses for 1973.

(continued on next page)

Explanatory Information

Other major items of expense to the AABB are committee expense, publications, legal and auditing fees, and public information. During the latter part of 1973, the AABB initiated a series of I&A Inspector Seminars, which continued into 1974. This accounts for the marked increase in expense for the Inspection and Accreditation Program in 1973 over 1972. The expense of the Clearinghouse Program includes inter-district freight charges, the cost of pilot programs such as the Maryland Blood Exchange, and miscellaneous clearinghouse expenses. Clearinghouse expenses relating to salaries, office operations, committees, legal and auditing fees and depreciation are included under the respective categories.

Miscellaneous income includes clearinghouse participation fees and I&A inspection fees of non-member blood banks. Miscellaneous expenses include membership dues in other organizations.

AMERICAN ASSOCIATION OF BLOOD BANKS
Consolidated Balance Sheet
December 31, 1973 and 1972

ASSETS	1973	1972
CURRENT ASSETS:		
Operating cash	$ 53,206	$ 149,924
Accounts receivable	78,641	59,370
Clearinghouse receivables:		
Blood units and donor fees	287,140	161,644
Processing fees	340,806	228,138
Inventories – publications and supplies	128,607	115,272
Prepayments	33,836	43,927
Total current assets	922,236	758,275
TIME DEPOSITS	854,675	617,435
PROPERTY – at cost:		
Office furniture and equipment	81,376	75,904
Accumulated depreciation	(54,457)	(50,100)
Property – net	26,919	25,804
DEFERRED PENSION COSTS	18,045	20,598
TOTAL	$1,821,875	$1,422,112
LIABILITIES		
CURRENT LIABILITIES:		
Accounts payable	$ 248,163	$ 175,630
Clearinghouse payables:		
Blood and donor fees	283,752	152,012
Processing fees	180,047	172,935
Total current liabilities	711,962	500,577
DEFERRED INCOME	181,404	13,098
SENIOR EMPLOYEES PENSION PLAN	27,972	29,465
CAPITAL FUNDS:		
Operating fund	844,397	754,134
Restricted funds	–	68,698
Donated capital	56,140	56,140
Total capital funds	900,537	878,972
TOTAL	$1,821,875	$1,422,112

Explanatory Information

BALANCE SHEET

1973

The consolidated Balance Sheet on right includes assets, liabilities and capital funds of the AABB, including Association General and the National Clearinghouse Program.

The majority of the items listed require no explanation; however, clarification is provided for the following categories:

CLEARINGHOUSE RECEIVABLES AND PAYABLES:

Units of blood and donor fees due to or from participating blood banks are stated at their dollar equivalent of $14.00 each. Settlements may be made in units of blood.

Processing fees were increased effective May 27, 1973 from $12.50 to $14.00 per unit. This fee is charged to receiving blood banks for each unit of blood received and are paid through the clearinghouse to the shipping blood banks. The processing fee was increased again, effective January 1, 1974, to $15.25.

Under terms of an interorganizational reciprocity agreement with the American National Red Cross, the Red Cross is obligated to deliver units of blood to the Association's participating blood banks in settlement of indebtedness resulting from the exchange of blood and replacement credits. As of December 26, 1973, the Red Cross indebtedness to the AABB was for 13,501 units of blood. The dollar equivalent of the units is not reflected in the financial statements because the agreement provides that such indebtedness will be settled only by shipments of blood.

PENSION FUNDS:

A contributory retirement plan for substantially all permanent full-time employees was adopted October 1, 1968. Pension expense (which is funded) was $12,300 in 1973. Certain senior employees who were not eligible under this plan were provided pensions under a separate fund, which is being amortized over a ten-year period beginning October 1, 1968. Expense of the Senior Employee Retirement Fund was $4,000 in 1973.

RESTRICTED FUNDS:

Restricted funds at December 31, 1972 were as follows:

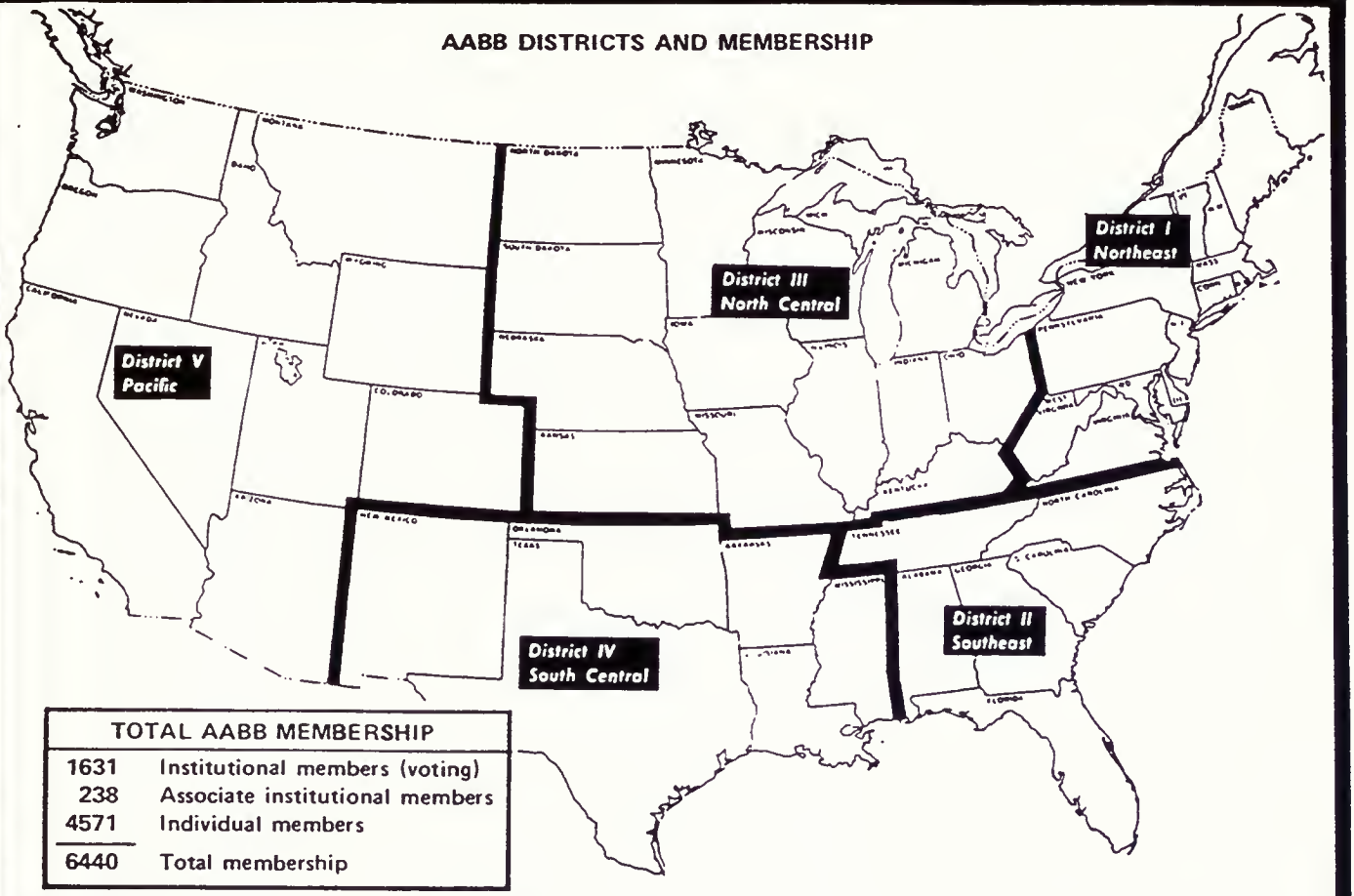
Development Fund	$67,370
Fund for the Advancement of Blood Banking	1,328
Total	$68,698

By resolution of the Board of Directors, restricted funds were transferred to the Operating Fund in 1973 to cover the 1972 deficit.

DONATED CAPITAL:

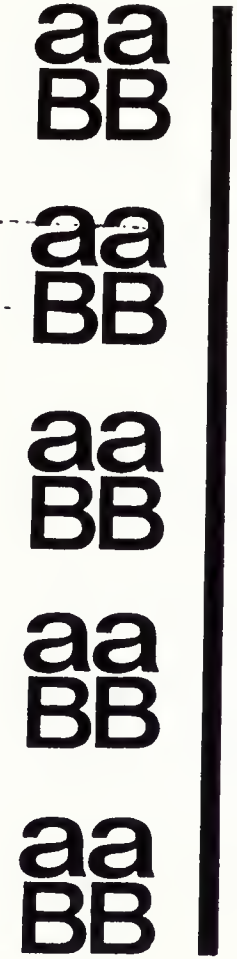
This represents gifts and net assets of former district clearinghouse organizations, which were transferred to the AABB.

AABB DISTRICTS AND MEMBERSHIP



TOTAL AABB MEMBERSHIP	
1631	Institutional members (voting)
238	Associate institutional members
4571	Individual members
6440	Total membership

AABB Institutional members collect, process and dispense blood, and provide over 6.7 million units of blood and blood components for transfusion annually.



Blood: A Personal Resource

A Position Paper

THE AMERICAN ASSOCIATION OF BLOOD BANKS
1828 L STREET
WASHINGTON, D.C. 20036

SEPTEMBER 20, 1976

The American Association of Blood Banks, a nonprofit professional organization established in 1947, is the only national organization devoted exclusively to blood banking and blood transfusion service. It represents over 2000 hospitals and community blood banks and over 4900 physicians, blood bank administrators, technologists, nurses, donor recruiters and other individuals concerned with blood banking and blood transfusion therapy.

Over the years, the AABB, more than any other organization, has contributed directly to the raising of blood bank standards and the quality of blood service practiced in the United States today. Its many programs and services developed in the public interest through the voluntary efforts and expertise of its individual members are listed at the end of this booklet.

PREFACE

Blood for transfusion is human living tissue, and its provision for transfusion is an integral part of the rendition of medical services to individuals. As such, the medical profession is acutely aware of the need to motivate and recruit sufficient voluntary blood donors to keep pace with the increasing demand for blood.

Just as human blood is made up of a variety of components, so the American blood banking system is diversified. For 30 years various blood banking organizations have operated amid a policy of cooperative co-existence. Some blood banks believe that blood supply is a charitable trust and that individuals should give blood only in the name of the community; others believe that it is a personal responsibility and that individuals have the right to give blood and credit their donations for their own future use or for specific patients receiving blood transfusions. Some believe that blood should be dispensed with only a financial obligation; others believe that the recipient of blood should be responsible for finding replacement donors. The strength of such diversity is that it provides for a pluralistic approach to donor recruitment, and allows blood banks to be responsive to the needs of their particular communities.

Today that diversity is threatened by an action of the American National Red Cross. After 16 years of contractual cooperation with the American Association of Blood Banks, the Red Cross has decided to terminate a national agreement that has permitted the nation's two main blood banking organizations to work together. AABB would like to continue its policy of cooperative co-existence with Red Cross. The action of the National Red Cross, however, threatens to undermine the donor recruitment programs of AABB member blood banks which promote a system of individual and group blood credits. By eliminating the personal predeposit and replacement incentives which motivate individuals to give blood, the Red Cross' action will increase blood costs and also may jeopardize the supply of safe blood in the United States.

Because of the effect this will have on the American health care "consumer", we have prepared this booklet to tell our story.

MRS. BERNICE M. HEMPHILL
President
American Association of Blood Banks

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BLOOD: A PERSONAL RESOURCE

We often think of blood as the essence of life itself. But in order to supply that vital life force to all who are in critical need, it is necessary to think of blood in other terms. The Food and Drug Administration calls blood a "drug". The American National Red Cross views blood as a national resource. But unless the individual is willing to give it, blood is of no value to anyone but himself. The American Association of Blood Banks, therefore, views blood as a personal resource.

As the medical profession learned how to utilize human blood to save lives, the demand grew steadily. Hospitals realized the need to keep an adequate supply of the vital fluid on hand. Since the blood was deposited and stored until needed, it became customary to refer to the storage facility as a bank.

"Bank" is a monetary term, and we sometimes find it distasteful to talk about blood and money in the same sentence. Yet money is a personal resource also. Banks are necessary to preserve personal resources safely.

The changing population of America produced problems for blood banks. Traditionally, family members came to the blood bank to replace blood used by a relative. But how could Aunt Mary in San Francisco replace a pint of blood used by Uncle Joe in San Diego? Blood banks found an answer to that problem by copying the monetary banking system. The nation's financial institutions set up a system of clearinghouses where money could be exchanged back and forth across the nation. Few actual dollars changed hands. Rather, the transactions were generally in the form of paper credits. At the end of a specified accounting period, debts were settled.

In 1951 the California Blood Bank System set up a statewide Clearinghouse that enabled blood donors to give blood for patients transfused anywhere in the State. Little actual blood was shipped. Paper credits representing IOUs for blood collected by one bank on behalf of another were processed much like financial banks process personal checks, and a settlement was made at the end of each month. In addition, the clearinghouse concept gave blood banks access to a statewide inventory of blood resources—both the amount of blood available and the types. Blood was shipped quickly from one blood bank to another in emergencies.

In 1953 the Clearinghouse Program was expanded nationally under the sponsorship of the American Association of Blood Banks. Aunt Mary in San Francisco now could donate not only for Uncle Joe in San Diego, but also for Cousin Sue in New Jersey. Today, more than 800 independent hospital and community blood banks and drawing stations voluntarily participate in the AABB Clearinghouse system, serving patients in nearly 3000 hospitals throughout the United States.

In April of 1960, the American Association of Blood Banks signed an interorganizational agreement with the American National Red Cross to enable AABB banks to exchange blood and blood credits with Red Cross blood centers. The agreement was called a "milestone of interorganizational cooperation", and it enabled the AABB to coordinate all exchanges between AABB banks and 58 Red Cross centers on a national basis. In 16 years of existence, it has operated with a minimum of problems, benefiting millions of people. It has enabled AABB banks and Red Cross blood centers to honor their obligations to donors and patients nationally, and has allowed the nation's two giant blood banking systems to work side by side in the public interest.

But on April 19, 1976, George M. Elsey, President of the American National Red Cross, notified AABB that the Red Cross would terminate the interorganizational Clearinghouse agreement effective October 19, 1976. The Red Cross' decision means that individuals in Red Cross areas will no longer be able to donate blood for patients transfused by AABB banks. Instead, the Red Cross declares it will supply blood directly to AABB banks for a fee without the transfer of paper credits in the names of specific patients. This position emphasizes a key difference between the philosophy of the Red Cross and the AABB; i.e., whether one views blood more as a national resource or as a personal resource for which blood banks must be accountable to donors and patients and to their communities.

To clarify its position, the Red Cross widely circulated a document entitled, *Background Information on American Red Cross Withdrawal from the AABB Clearinghouse for Exchange of Blood and Blood Credits,* dated April 19, 1976. But there are two sides to every story. On the following pages we have reproduced the Red Cross document of questions and answers without editing, with the AABB's response in the opposite column.

Why is the Red Cross withdrawing from the AABB Clearinghouse?

The Red Cross has come to believe that the arrangement with the AABB Clearinghouse is no longer compatible with modern blood banking needs and practices. Long unresolved problems in operation of the Clearinghouse agreement (see page 8 for details) also have contributed significantly to the Red Cross decision to terminate its participation in the Clearinghouse. In terminating the Clearinghouse relationship the Red Cross joins two other major suppliers of blood and blood products — Blood Services, Inc., and the Greater New York Blood Program—both of which withdrew from Clearinghouse participation last year.

The AABB National Clearinghouse Program provides an effective blood management service for this nation's blood banks. The Red Cross is withdrawing from the Clearinghouse because the AABB accounting system exposes the inadequacies of the Red Cross Blood Program. In many areas where the Red Cross claims total supply, the Clearinghouse is used as a backup. Also, the transfer of blood credits through the Clearinghouse provides a system of accountability to individual donors and patients which the Red Cross feels is no longer necessary.

Blood Services, Inc.* and the Greater New York Blood Program** withdrew from the AABB Clearinghouse Program in 1973. After its withdrawal, Blood Services, Inc. found public pressure from donors and patients so great it was forced to reinstate its reciprocal relationship with the nation's blood banks by utilizing the channels available through the Red Cross and its interorganizational Clearinghouse agreement with AABB.

Upon the merger of the New York Blood Center and the New York Red Cross Blood Center, the newly formed Greater New York Blood Program also decided to utilize the interorganizational Clearinghouse agreement.

*Blood Services, Inc. is a not-for-profit corporation consisting of 23 branch banks primarily located in the Southwest.

**Greater New York Blood Program is still striving to be a total blood supplier in the New York area. A strong advocate of the "community responsibility" concept, it imported more than 110,000 units of red blood cells from Switzerland and West Germany in 1975.

THE RED CROSS POSITION:

Why did the Red Cross enter the Clearinghouse agreement?

At its inception in 1961, the Clearinghouse agreement, in the Red Cross view, seemed a logical way to assure blood service coverage for its then-eligibles when they were hospitalized in a non-Red Cross-served facility.

Is a Clearinghouse agreement less needed today?

Yes. We have learned a lot about blood service and the reality of meeting patient blood need since the time the Clearinghouse agreement was first entered into. We have learned, for example, that a smartly managed blood service based on the voluntary commitment of neighbor concerned about neighbor can assure that everybody's blood needs are met. That, in short, there is no need for keeping book on who is eligible to receive blood. We have learned this as practical, demonstrable fact in the operation of our Red Cross blood centers while the nation as a whole has been moving toward the formulation and implementation of a national blood policy designed to meet every

THE AABB RESPONSE:

Thus, both organizations continue to receive and issue blood credits in the names of specific patients through the Clearinghouse mechanism.

The Red Cross entered the Clearinghouse agreement because of public demand. It is still a logical way for Red Cross to meet its obligations to patients with Red Cross credit who receive blood transfusions from AABB-member banks.

No. There is an even greater need for a Clearinghouse agreement today because of the increasing mobility of the American people and the concentration of major medical services in large medical centers that serve patients from all parts of the country.

The Red Cross concept of "neighbor concerned about neighbor" does not sustain day-to-day needs in many areas. For this reason, many local Red Cross centers adopted "eligibility" programs as an incentive for donors to give blood. Although the National Red Cross organization is trying to eliminate such plans at local levels, it is meeting resistance from local communities.

Most AABB blood banks assume responsibility for the total supply of blood for patients in the hospitals they serve. Blood is provided to anyone in need regardless of residence or "eligibility". Later, however, the patient is asked to share the responsibility of replacing

THE RED CROSS POSITION:

American's need for blood or blood products anywhere in the nation.

Has Clearinghouse participation made blood service more effective?

Membership in the AABB Clearinghouse has proved to be an obstacle rather than a help in building an effective exchange of blood to meet the needs of patients hospitalized outside their home communities. Clearinghouse regulations—and the policies of many AABB member blood banks—create critical blood service management problems.

What are those problem regulations and policies?

AABB believes that individual patients are responsible for the blood they use; that they must establish pre-deposit credit coverage, replace blood used or pay a fee for unreplaced

THE AABB RESPONSE:

the blood. Friends and relatives can replace the blood or apply credits from donor "clubs" or "assurance" plans. The Clearinghouse agreement makes it easier for this process to function effectively on a nationwide basis.

By enabling donors to replace blood almost anywhere in the country, the Clearinghouse has helped to promote more voluntary blood donations. By coordinating the "borrowing and lending" of blood between banks with shortages and surpluses, the Clearinghouse has promoted better utilization of blood supplies. By enforcing a strict inspection and accreditation program, the Clearinghouse has improved the quality of blood banking. And the Clearinghouse has fostered cooperation between blood banks throughout the nation.

Often it is the Red Cross' policies that create blood service management problems. Most Red Cross centers will not accept blood from AABB Clearinghouse banks—even in times of shortage. In some areas Red Cross centers will not accept the return of unused blood units from hospitals for redistribution by the Red Cross for transfusion. Thus, thousand of units of blood outdate unnecessarily each year.

AABB believes that individual patients should have a responsibility to arrange to replace the blood they use. This is its major philosophical difference with the Red Cross. The basis of this philosophy, and the necessity for some banks to require replacements

THE RED CROSS POSITION:

blood. Some AABB Clearinghouse member blood banks are commercial operations to which the Clearinghouse directs shipments of voluntarily donated Red Cross blood for sale by such blood banks at a profit. AABB blood banks may also require replacement at higher than usage levels—at two or three units for each one unit of blood transfused. Blood not replaced is subject to a non-replacement fee that may be double or triple the fee due for non-replacement of blood actually used.

What does the Red Cross believe?

The Red Cross, on the other hand, believes that blood should be available to all needing it as a voluntary commitment of the community. It charges a processing fee that covers costs, but makes no charge for blood, which comes entirely from volunteer donors. Red Cross blood centers are fast phasing out remaining "eligibility", "coverage" and "assurance" plans;

THE AABB RESPONSE

on more than a one-for-one basis, are outlined beginning on page 16 of this booklet. AABB banks want blood; not money. Patients who support their blood programs through replacement donations are able to benefit from lower blood costs than most patients who receive "free" blood from the Red Cross.

AABB favors 100 percent voluntary blood donor programs. However, in many areas, local Red Cross centers were unable to meet total blood needs. Commercial blood banks came into existence to fill the void in cities such as Los Angeles, Philadelphia, and Chicago. If commercial facilities meet government standards—and there remains a need for their services—it is difficult to deny them the right to function. The amount of Red Cross blood shipped to such facilities as a result of the interorganizational Clearinghouse agreement has been minimal.

The failure to replace blood does not result in a double or triple non-replacement fee. In some cases, payment of the non-replacement fee is still less expensive than obtaining "free" blood from the Red Cross.

The Red Cross is promoting a "welfare" approach to blood. It boasts that it does not charge for blood. But the Hospital Participation Fee that the Red Cross charges for its "free" blood has inflated dramatically. In fiscal 1974-1975 the fees ranged from $14 to $28 a unit, and total Red Cross center income exceeded expenses by $12,551,786. In fiscal 1976-77 the Hospital Participation Fees increased to a high of $35 a unit, in spite of massive additional income from the United Way and other public funds.

THE RED CROSS POSITION:

there is no need for such book work in a program that honors any person's need for blood in the facilities and regions that it serves. The Red Cross already has working inter-system agreements for total service cooperation with Blood Services, Inc., and the Greater New York Blood Program.

What's the status of the Clearinghouse account?

At this writing, the Red Cross averages a monthly indebtedness imbalance to the AABB Clearinghouse of some 9,500 units of blood. In part, this imbalance exists because the Red Cross, operating on its philosophy of serving without discrimination all who need blood in its participating facilities, rarely sends a blood replacement request through the Clearinghouse although it meets the blood needs of thousands of AABB "eligibles" annually. In the actual operation of the Clearinghouse, however, much of the chronic Red Cross indebtedness stems from the nature and practices of the Clearinghouse; these make it hard, even impossible in some cases, for the Red Cross to satisfy blood debit claims presented through the Clearinghouse.

THE AABB RESPONSE:

Red Cross officials have indicated that Hospital Participation Fees will be further increased next year, while at the same time they are phasing out their accountability to individual patients and donors.

As of August 26, 1976, the Red Cross is indebted to the AABB for more than 34,500 units of blood. This represents blood transfusions already provided to patients by AABB facilities for which AABB banks have refunded the non-replacement fee because they received paper credits from the Red Cross through the Clearinghouse. Tens of thousands of additional units are owed by Red Cross to some AABB banks under separate local arrangements. When blood is not received in settlement, AABB banks must call upon their local donors to give more frequently to meet the needs of patients coming from other areas. The Red Cross' indebtedness would be even greater if it were not offset by credits issued by AABB banks for patients receiving Red Cross blood. Although Red Cross claims to have provided blood to thousands of AABB "eligibles" annually, it cannot document this fact.

THE RED CROSS POSITION:

How so?

By the time a patient's debit for use of blood is translated into a shipping order to the Red Cross for blood, the debit may be weeks after the fact of actual blood usage, assigned to a blood bank thousands of miles from where the blood use took place and combined with other debits. The relationship between true blood need and service has been made into a commodity account-item. The manipulation of credit/debit balances in the Clearinghouse to satisfy the blood-or-money demands of AABB blood banks on each other produces, finally, shipping orders to the Red Cross that can be destructive of planning and good blood inventory management.

What other difficulties have arisen?

Heightening the problem for the Red Cross are other Clearinghouse and individual blood bank requirements that make sound blood system responses to Clearinghouse debt listings difficult from a blood service management or a Red Cross philosophic viewpoint.

The Clearinghouse process sometimes results in the Red Cross receiving an order to ship blood to a commercial blood bank. Such

THE AABB RESPONSE:

At the end of each month the Clearinghouse totals the transactions from all over the country and establishes a net balance for each blood bank. However, AABB does not assign indebtedness to a specific Red Cross center. It provides the national headquarters of the Red Cross with a summary of the total indebtedness of its centers and a listing of AABB banks to which blood is owed. This allows the Red Cross to manipulate shipments of blood at its convenience from any of its 58 centers. Good blood inventory management is all that would be needed for the Red Cross to fulfill those shipping obligations.

At an interorganizational meeting held in June 1975, AABB offered the Red Cross a solution to its objection of shipping blood to commercial blood banks. The Red Cross did not respond.

The Red Cross is asked to provide pilot tubes only when specifically requested by receiving banks. Presently, only about one-third of blood requests specify pilot tubes, and like Red Cross, the number of banks using pilot tubes is diminishing.

In many instances, indebtedness occurred as a result of whole blood transfusions. It is reasonable, then, to expect whole blood in

shipment is directly contrary to Red Cross philosophy and policy.

Many Clearinghouse shipping orders include a requirement for attachment of pilot tubes. Modern blood banking practice is moving away from the pilot tubes because use of test segments in today's plastic blood bags has been found to result in fewer laboratory errors. Today the number of Red Cross centers using pilot tubes is small and diminishing.

Clearinghouse shipping orders also often specify that only whole blood be shipped. Normal distributions of Red Cross and most other well managed blood centers, however, include large amounts of packed red cells, which are generally as effective as whole blood for basic transfusion purposes. Clearinghouse demand for whole blood only is not in accord with best modern medical practice. It unbalances Red Cross center whole blood inventory and denies the center the special-use components available from plasma separated from red cells.

Even when a shipment of blood or blood products has been made by the Red Cross in accordance with Clearinghouse instructions, the recipient blood bank may decide it doesn't return. One source of income for the Red Cross, in addition to its rising Hospital Participation Fees, is the sale of plasma, drawn off of whole blood collections, for fractionation. Likewise, many Clearinghouse banks prefer to receive whole blood in settlement in order to salvage the plasma if units should outdate. In practice, however, many Clearinghouse banks do accept red cells as replacement for whole blood.

Often the Red Cross is unable to fulfill shipments anticipated by AABB banks. Patients cannot wait. As a result, the AABB bank has to gear up its local donor recruitment effort to meet the deficit. When shipment is belatedly offered by the Red Cross, the bank has already adjusted its inventory and is reluctant to accept additional blood that might unnecessarily outdate. In such cases the AABB Clearinghouse immediately notifies Red Cross national headquarters of alternative banks where blood is needed, but the Red Cross does not always follow through with a blood shipment.

THE RED CROSS POSITION:

want the blood or doesn't want it then. This action illustrates how little relationship there is in Clearinghouse accounting to actual blood usage or need; such refusal or deferral, however, does not cancel the debt carried on the Clearinghouse books.

Red Cross representatives have tried without success to resolve the many problems that have arisen in the Clearinghouse relationship. Talks on all of the matters described in the preceding paragraphs have led only to stalemate or inaction.

Are there national developments that have influenced the Red Cross' decision to terminate the Clearinghouse agreement?

Yes. Events have been building blood service principles and approaches in the nation that make the blood-as-commodity approach of the Clearinghouse out-of-date and inappropriate for continued Red Cross participation.

An increasing number of Red Cross regional blood programs are becoming total supply-total service operations in their regions, and they are finding that communities will support voluntary programs that undertake to supply

THE AABB RESPONSE:

Yes. The American Blood Commission is currently considering dividing the nation's blood banking facilities into regional associations of blood service units. This will provide the Red Cross with an excellent opportunity to expand its program, but to do so, it must have control of all the hospital banks and transfusion services in the areas it serves. The Clearinghouse enables hospital blood banks to maintain a degree of independence by assisting them with their donor recruitment and providing an alternate source of blood.

The AABB does not believe the Red Cross' concept of community responsibility will meet the nation's blood needs. Recently,

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THE RED CROSS POSITION:

all patients' blood needs without distinction of any kind.

The federal government has enunciated and the American Blood Commission begun to implement a National Blood Policy whose primary goal is to serve the blood service needs of every American, wherever in the U. S. he or she may be hospitalized. There is no place in the application of the policy for restrictive "eligibility" plans with their essential discrimination among patients. The your-blood-or-your-money plans visited on the ill and their families or friends by the replacement principle of blood banking is out-of-date. And there is no place in modern blood service management and the meeting of patients' blood needs for an institution that manipulates past blood usage in paper indebtedness in ways that often violate good blood service management principles and bear scant or no relationship to actual patient blood needs and usage.

THE AABB RESPONSE:

a nonprofit community blood bank serving the total blood needs of its state, tried such a concept. The bank eliminated its non-replacement fee and directed its donor recruitment efforts to community responsibility. Soon, this blood bank found that it had to reinstate the non-replacement fee in order to get sufficient blood.

Replacement does not produce a hardship on the patient. Most donors giving blood are part of various predeposit plans to cover future blood needs. Others discover that blood usage is the best motivator to donating in the future. In most cases AABB banks provide patients and their families with ample time to provide replacements. Blood replacement also increases the awareness of the need for blood to a larger segment of the population. Too often, community responsibility results in repeat donations by the same small number of individuals.

THE RED CROSS POSITION:

Will the Red Cross continue to meet the blood needs of participant community individuals hospitalized elsewhere?

Emphatically yes. In terminating the Clearinghouse relationship, the Red Cross is in no way abandoning the people of its Blood Program participant communities who may need blood or blood products in a non-Red Cross-served hospital. All 58 Red Cross blood centers will stand ready to work directly, in accordance with Red Cross blood service principles and policies, with blood transfusion facilities anywhere in the nation to help meet patients' blood needs. And the entire Red Cross system will stand behind each individual center in the performance of this obligation.

THE AABB RESPONSE:

The record shows that the Red Cross has not met the blood needs of participant community individuals hospitalized elsewhere. The current indebtedness and recent blood shortages in Red Cross-served areas indicate that future needs also will go unmet. The dissolution of a national accountability system may mask the Red Cross' inadequacies in some areas, but must surely result in fragmentation and confusion. Bags of blood, rather than slips of paper, will pass each other back and forth unnecessarily. Local Red Cross centers will charge their own Hospital Participation Fees instead of adhering to the standard fee of the interorganizational Clearinghouse agreement. Blood will become more costly and more scarce. The Red Cross proposes a giant step backwards.

SOME QUESTIONS OF OUR OWN

What will termination of the Clearinghouse agreement really mean?

It will bring to an end a cooperative arrangement between the nation's two leading blood banking organizations which has been of service to the American people for the past 16 years. Competition for blood donors between AABB banks and Red Cross centers will increase, and the blood programs of both organizations will be affected by the public confusion that will result. The disruption of the present coordinated system of interorganizational exchange would fragment the private blood banking sector and bring chaos.

Why, then, does the Red Cross seem to seek that chaos?

The scenario might read something like this:

- By eliminating the agreement and casting AABB blood banks in the role of the "bad guys", who charge a non-replacement fee (even though the cost to the patient is, on the average, less under the AABB system when blood is replaced), the Red Cross can pull itself out from under its current 34,000 unit debt to AABB banks.

- By eliminating a national accounting system for blood the Red Cross can make its inabilities to meet blood requirements less visible.

- By curtailing shipments of blood to AABB banks outside the area of the Red Cross regional center, each center can boost its service locally and obtain a better public image.

- With a strong propaganda campaign boasting of its community responsibility theme, the Red Cross believes it can bring increasing public pressure on AABB banks to eliminate the non-replacement fee. AABB banks would then have to increase their processing fees, would become less competitive and some facilities would become more dependent upon the Red Cross.

- Individual Red Cross centers would attempt to impose local Hospital Participation Fees on blood banks, rather than the reasonable fee agreed to nationally. Since the national office of the Red Cross is facing fiscal problems and feels it is receiving insufficient funds from the United Way, it is reasonable to assume that local fees for the Red Cross' "free" blood will continue to rise.

- Without the competition of AABB banks, the Red Cross hierarchy would be in a better position to gain ultimate control of the nation's blood supply and to promote itself as the only national blood collection agency.

What would be the consequences of a single national blood program?

The cost of blood, whether paid by the patient, by health insurance or the taxpayer, would increase substantially. The inflationary impact on health care costs would be severe.

A few willing blood donors will be asked to assume the responsibility for adequate blood supplies for the benefit of the many. Without any other incentive, it is doubtful that such donations can be sustained.

One more bureaucratic system will be created. The delivery of blood will be as inefficient and expensive as the delivery of the mail. Regulations will become as complex and tangled as the Internal Revenue Code.

And, there will be no assurance that blood will be available when needed.

What is the AABB's position on a single blood program for the U. S.?

AABB believes that a pluralistic system of blood collection, distribution and transfusion results in a better managed, less expensive and more responsive blood system. It does not dictate policy to its member banks, and it has never taken an aggressive role to impose one philosophy of operation over another. Its many programs and services in the public interest are available to both AABB banks and Red Cross centers. A monopolistic system of blood banking across the country would atrophy the very individualism which has made blood banks responsive to the needs of their particular communities and to individuals with special blood problems. Without any alternative system to turn to, hospitals will soon find their blood supply dictated, not by the needs of patients, but by the limitations of a single blood collection agency.

DIFFERENCES BETWEEN RED CROSS BLOOD CENTERS AND AABB MEMBER BANKS

1. Red Cross blood centers are owned and operated by the American National Red Cross. AABB member banks are independently operated hospital and community blood banks, joined together voluntarily under the AABB because of common philosophies and goals.

2. Red Cross blood centers collect more than 4.2 million units of blood annually; they are not involved, however, in the transfusion of that blood. AABB member banks collect more than 3.8 million units of blood annually. In addition, its members are responsible for the transfusion of more than 8 million units of blood and blood components.

3. Red Cross blood centers charge hospitals a fee (generally passed on to patients) for all blood delivered whether transfused or not. AABB member banks usually provide blood on consignment to hospitals, charging patients only for actual units of blood transfused.

4. Red Cross blood centers do not maintain records on the patients who receive their blood. AABB member banks require the hospitals they serve to provide the names of patients receiving the blood they supply.

5. Red Cross blood centers in many areas do not accept the return of unused blood units from hospitals for redistribution to other hospitals for transfusion purposes; in areas where the return of unused blood is accepted, hospitals usually are refunded only a portion of the original Hospital Participation fee—or nothing at all. AABB member banks utilize available blood supplies by promoting the redistribution of unused blood units; in most cases they extend full credit to the hospitals for units returned prior to outdating.

6. Red Cross blood centers generally do not accept blood from non-Red Cross facilities, even in times of blood shortage. AABB member banks freely exchange blood and blood components with each other, "borrowing and lending" through the Clearinghouse to meet specific blood needs.

7. The American National Red Cross Blood Program is subsidized by public funds from the United Way. AABB member banks are self-sustaining.

8. The Red Cross' Hospital Participation fee cannot be reduced by blood donations; as a result, the charge to the patient is the same, whether or not he is a contributor to the community's blood supply. AABB member banks charge both a processing fee and a non-replacement fee. When blood is replaced, the non-replacement fee is cancelled. As a result, the individual who contributes to the blood supply receives blood at less cost than the individual who chooses not to contribute. On the average, the individual who replaces AABB blood is charged considerably less than the patient who receives "free" blood from the Red Cross.

9. Red Cross blood centers operate on the concept of "community responsibility", promoting a welfare approach to donor recruitment and blood supply. AABB member banks operate on the concept of "individual responsibility" and predeposit donor group or assurance plans, promoting a self-help approach to donor recruitment.

THE NON-REPLACEMENT FEE

By Bernice M. Hemphill
President
American Association of Blood Banks

In the absence of laws requiring people to be blood donors, blood banks are dependent upon the individual's freedom of choice. Donor motivation is the greatest challenge that has faced blood banking since its inception.

It has been more than 30 years since the first nonprofit community blood bank was founded. To assure adequate blood supplies, the founders felt it was important for the patient to assume an "individual" as well as a moral obligation to replace blood. A "responsibility fee" (now known as a non-replacement fee) was implemented to provide a financial incentive for patients to seek blood donations from among their relatives and friends. The patient was charged a fee for the blood. If the blood was replaced, the fee was cancelled. Subsequently, predeposit plans were devised to enable blood donors to establish credit with the blood bank in advance of possible need.

In contrast, the Red Cross Blood Program, which began in 1947, was initiated on the concept of "community responsibility". The Red Cross charged neither a non-replacement fee nor a processing fee.

Over the years, the foresightedness of the blood replacement concept became increasingly apparent. Red Cross regional centers in many parts of the country were not able to meet total blood needs with the community responsibility concept. As a result, many Red Cross centers turned to th "credit" concept, providing blood coverage only to tho individuals who donated to the Red Cross Blood Progra This concept is still being promoted by some centers althou National Red Cross wants to eliminate such bookkeeping.

Experience has shown that donors are motivated b public concern in times of disaster or emergency, but suc altruism is seldom sustained over long periods of time. Th non-replacement fee provides a realistic and practical a ternative. The fee serves as a "deposit" for blood "bo rowed" from the blood bank, refundable in full to th patient upon receipt of a replacement. In order to encoura adequate blood supplies, some blood banks also cancel th processing fee charged to the patient if additional dono are provided.

Adopted by most hospital and community blood bank throughout the country, the non-replacement fee has becom the single most important motivating basis for blood assu rance and predeposit plans. It is featured in Red Cro publicity, which promotes the voluntary donation of bloo to avoid the payment of a fee for blood transfused. Donor contribute to predeposit plans with the knowledge that i the event of future personal need, they have already fulfille their obligation to replace blood and will not have to pa the non-replacement fee.

The wide acceptance of the non-replacement fee concept is demonstrated daily by the number of blood replacement credits exchanged through the AABB National Clearinghouse Program. In 1975 more than 380,000 replacement credits were exchanged. Each represented a blood donation given in one area of the country for a patient who received blood in another area.

In spite of aggressive efforts to recruit blood donors, only 5 percent of the nation's eligible blood donors actually give. Of these the vast majority give for future credit or to replace blood received by friends or relatives. Many blood banks are currently meeting the total blood needs of their areas with 100 percent voluntary donors because of the non-replacement fee concept. It works. It would be folly to abandon the non-replacement fee without viable alternatives.

Nothing has changed human nature in the past 30 years. There are still "givers" and "takers." There is no reason why the "givers" should not benefit from their generosity by receiving blood at less cost than the "takers," who are requested to pay the non-replacement fees and thus contribute financially to their community's blood service. No one is denied blood because of the inability to replace blood or pay the non-replacement fee. Transfusions are provided on the basis of need, and replacement is an after-consideration. Patients without family or friends, and not covered under government programs, become the responsibility of the blood bank and its community.

The non-replacement fee concept is a success because it provides a mechanism enabling all patients receiving blood to assume some responsibility in their community blood program. The patient who furnishes replacements contributes to the community's blood supply. The patient who does not replace blood contributes financially.

Income received from non-replacement fees is used by hospitals to cover bad debts, to purchase new equipment and supplies for their own blood banks, and to support their "in-house" donor recruitment efforts. Often such income is used to employ full-time donor recruiters to make personal contacts with patients and their families to encourage blood replacements. It is also used to provide the donor recruiter with brochures, posters, and other motivating tools. This has become an increasingly important factor for hospital blood banks striving to convert from a paid donor system to a 100 percent voluntary program in conformance with the AABB's guidelines and the National Blood Policy.

Income from the non-replacement fee enables blood banks to keep processing fees to a minimum—a key to reducing the cost of medical care, not only for the patient who replaces blood, but for government and private health insurance programs. For example, in 1965 when the Medicare Bill was before the 89th Congress, it provided for the payment of both the non-replacement and processing fees on all units of blood. The then AABB President, Dr. Robert Klein, and I appeared before the House Ways and Means Committee. We explained the philosophy behind the non-replacement fee charged by hospital and community blood

banks, and pointed out that payment of the fee would deter the replacement of blood and hamper the blood supply of those banks providing their transfusion needs. We did not want the money. We wanted the blood.

As a result of the AABB's testimony, the Medicare Bill was amended to provide for a three-unit deductible for whole blood. In 1968 the Social Security Act was again amended to also apply the three-unit deductible to red blood cells. Although, under Medicare, patients are financially responsible for paying the non-replacement fee or replacing only the first three blood transfusions received, the AABB has recommended to its member banks that when more transfusions have been given, all available replacements should be accepted and that Medicare should be billed only for unreplaced units. The AABB's action has resulted in savings of millions of dollars to the government's Medicare Program and to the taxpayer. More importantly, it has been successful in providing blood banks with replacement donations they would not otherwise have received. At the same time, Medicare provides financial protection for those patients requiring large amounts of blood beyond the three-unit deductible.

Most blood banks operate under a one-for-one policy. In other words, the patient is requested to provide one blood replacement or credit for each unit transfused. Some banks, however, require the replacement of two units for each unit transfused. Others request two-for-one for the first transfusion and only one-for-one thereafter. Still others offer optional plans under which a patient may replace on a one-for-one basis to cancel the non-replacement fee and provide an additional replacement if he desires to eliminate the processing fee also.

In a recent survey of 422 Clearinghouse banks, it was found that 62 percent were operating on a one-for-one replacement policy; 31 percent required two-for-one on the first unit only; and 7 percent offered variations. In general, the banks on a more than one-for-one policy are hospital banks located in areas served by regional blood centers of the Red Cross. These hospitals operate their own blood programs to meet their total blood needs since the Red Cross provides them only with supplementary blood supplies.

It is a fact that no blood bank can operate on a true one-for-one policy. Blood banks must have additional sources of blood to cover unavoidable technical losses, to maintain adequate inventories of all blood types and to take care of the needs of indigent patients. Thus, a more than one-for-one replacement policy is motivated generally not by a desire to achieve greater profits for the blood bank, but by a hospital's need to generate more voluntary blood donations to meet the total needs of its patients.

If the non-replacement fee were eliminated throughout the United States, blood banks would find it necessary to significantly increase their blood processing fees. But more importantly, elimination of the non-replacement fee and the adoption of the "community responsibility" approach to blood banking nationwide could seriously jeopardize the nation's blood supply. Blood banks would no longer be accountable to blood donors through a system of blood

credits; predeposit plans would cease to exist; patients would have no incentive to provide blood replacements; and the cost to all patients receiving blood would be the same whether or not they contribute to the blood supply.

There *are* individuals who give because they genuinely feel a responsibility for their fellow man. But those of us who face the day-to-day reality of recruiting blood donors know there are very few who give without some personal incentive or motivation. The elimination of the non-replacement fee and credit concepts can only lead to higher blood costs and increasing blood shortages.

THE ECONOMICS OF THE NON-REPLACEMENT FEE

By Richard D. Crowley
Executive Director
Central Illinois Community Blood Center
Springfield, Illinois

We have allowed the non-replacement fee to become the scapegoat for every ill, real and imagined, that we face in blood banking today. We have allowed those with weak and ineffective blood programs to blame their very failures on the non-replacement fee they refuse to use.

My own estimate of increased charges to the patient, should we be required to abolish the fee, startle even me. Our processing fee is presently $15 per unit. Our cost to recruit, collect, process and distribute a unit of volunteer blood is $25. If we had to substitute the effective and almost cost free non-replacement fee with the additional recruiting staff I would have to hire, I would expect to double our processing fee to a minimum of $30 per unit.

Also, Illinois law requires health insurance sold in the state to cover the cost billed for blood processing. It does not require coverage of the non-replacement fee. The 11,000 units of blood we supply each year presently cost the insurance industry $165,000. If we were to abolish the non-replacement fee, and our processing fee had to be doubled, the insurance cost would double to $330,000.

Our largest donor club, composed of employees of an individual firm, has group insurance. The group used about 500 units of blood last year. Because all the blood was replaced, the insurance cost was reduced by over $12,000. In view of this, the firm has been very cooperative in allowing their employees time off to come to the blood center when they are needed. If the non-replacement fee were eliminated, and the cost of blood doubled, could we realistically expect the firm to cooperate in our recruitment program?

Springfield hospitals serve a regional area, and also supply large amounts of blood to patients covered by the Red Cross Blood Center in this area. Without reciprocity through the Clearinghouse, these patients would have to pay the non-replacement fee. The fee offers the main incentive for the Red Cross to participate in reciprocity. If it were abolished, it would not only add to the cost of blood, it would introduce needless duplication of recruitment efforts and competition for blood donors in the area.

NON-REPLACEMENT FEE—SOME RANDOM THOUGHTS

By E. R. JENNINGS, M.D.
Director of Pathology
Memorial Hospital Medical Center of Long Beach
Long Beach, California

The first goal of the National Blood Policy as published in the Federal Register of June 1973 is "A supply of blood and blood products adequate to meet all of the treatment and diagnostic needs of the population of this country." This goal has never been achieved. Periods of severe blood shortage are regularly experienced in many areas of our land. It is for this reason that I vigorously oppose the major change in blood donor motivation that would result from the elimination of the non-replacement fee. Let us examine a few elements of this complex problem.

1. *Money as a motivator*

No one can deny that many, perhaps most people, are motivated by the prospect of money, be it in the form of a reduction of a hospital bill or a guarantee against a future and unknown need for blood which carries with it a cash requirement. Should the non-replacement fee be dropped, the Red Cross will tell the public that it should come and give blood when able and that when needed, blood will be available. This is a promise to produce the blood when the patient needs it. But what happens when the patient needs the blood and the Red Cross doesn't have it? And this is a commonly recurring problem. A large hospital in Los Angeles eliminated the non-replacement fee 2 years ago on the promise that the Red Cross would provide all of its blood. In spite of hiring two full time recruiters, the record shows that replacements at that hospital have fallen greatly, and to meet its needs the hospital has had to purchase blood from a "skid row" blood bank. This experience is illustrative of the problem and is certainly not unique.

2. *The non-replacement fee as income to defray other expenses*

This is especially appropriate to help in the cost of donor recruitment. Recruiting volunteer donors costs money and some of the non-replacement fee income may be used for this purpose. It also tends to reduce the processing fee in those situations in which the non-replacement fees are received by the producer of the blood unit. In the Red Cross Centers they do not charge non-replacement fees and naturally have no interest in retaining them.

3. *Large cities*

There is not a single large city (New York, Chicago, Philadelphia, Detroit, Los Angeles, etc.) having substantial numbers of minorities and being net users of blood (large medical centers) that has been able to survive without the

non-replacement fee. Furthermore, many of these cities have specialized groups that do not provide for themselves, such as patients in the Veterans Administration Hospitals, senior citizens, etc.

4. *Basic Philosophy*

The socialist believes in "free blood" as well as free housing, food, etc. In other words, all things are a *community* responsibility. This is in sharp contrast to the American way which traditionally has required that those who are able, provide for themselves insofar as possible. There is no more reason to provide *free* blood than *free* drugs.

5. *Blood Shortages*

To those communities to which Red Cross has promised total supply (for example, Orange County where hospitals do not charge a non-replacement fee), in periods of shortage, blood is frequently shipped in from other areas (eg, Los Angeles) even though those areas are unable to meet their own total patient needs.

6. *The CCBC**

Although the official attitude of the CCBC is in favor of dispensing with the non-replacement fee, a large number of these community banks do not support this idea and plan to retain it. Recently, the Blood Bank of Hawaii reinstated the non-replacement fee.

SUMMARY

It appears to the author that the Red Cross is now making a 360° return to the days of 1946 and 1947 when their philosophy was "We'll take all of the donors that we can and give all the blood that we have," and this service was basically viewed as supplemental. In periods of shortage the hospital transfusion services will have to shift for themselves.

* The Council of Community Blood Centers is an organization of 20 community blood banks organized in 1962 to provide a forum for the exchange of information primarily on administrative matters. All but three of these banks are institutional members of the AABB.

AABB PROGRAMS AND SERVICES IN THE PUBLIC INTEREST

Among the many far-reaching accomplishments of the AABB and its member institutions in improving the Nation's Blood Lifeline are the following on-going programs and services:

1. A National and Five District (Regional) Offices linked by a TWX network making available 24-hour, 7-day service, instant communication and coordination of blood bank regional field activities.

2. A National Clearinghouse Program, initiated in 1953 to promote the voluntary replacement of blood anywhere in the nation and to facilitate blood exchange between banks in order to minimize outdating and to provide a mechanism for blood inventory control. Currently more than 830 blood facilities utilize the clearinghouse program for the benefit of patients in more than 2,500 hospitals throughout the United States. These activities are currently recorded on computer. Since its inception, more than 4,200,000 blood replacement credits have been transferred for the benefit of patients, and nearly 2,000,000 units of blood have been coordinated and shipped between banks under the clearinghouse system.

3. A voluntary Inspection and Accreditation Program, implemented in 1958 to assure that blood shipped under the Clearinghouse Program is of the highest quality, and for the special benefit of blood banks not under any city, state or federal licensing program. More than 2,000 blood banks and transfusion services have been accredited by the AABB under this program, which is available to any blood bank regardless of whether or not it holds membership in the Association. Nearly 500 professionals volunteer their services as AABB inspectors.

4. "Standards for Blood Banks and Transfusion Services," which provides a basis for the AABB Inspection and Accreditation Program. Now in its eighth edition, these Standards, which cover all aspects of blood transfusion service from the collection of blood to its transfusion to patients, have been widely accepted throughout the world and have provided the basis for existing State licensing programs.

5. "Technical Methods and Procedures," an AABB manual which has helped to improve blood banks standards by providing an important reference document for the performance of laboratory tests to assure blood transfusion safety.

6. TRANSFUSION, the AABB's official scientific journal which is the primary vehicle for publication of scientific, technical, and administrative papers relating to the field of blood transfusion.

7. A Hepatitis B Surface Antigen Proficiency-Testing Program, conducted in cooperation with the College of American Pathologists, available, on an annual subscription basis, to any blood bank or transfusion service, and designed to help laboratories attain and maintain a high quality of services.

8. A Technical Workshop Program for continuing education in blood banking technics and transfusion problems. Thousands of physicians and medical technologists have benefited from these workshops and the numerous study manuals developed under this program.

9. A Blood Component Therapy Educational Program to teach technics of component preparation and therapy. Under this program, the AABB has developed and distributed more than 200,000 copies of a handbook for physicians entitled "Blood Component Therapy". In addition, AABB's audiovisual programs on technics and therapy are in wide national distribution.

10. A Certification in Blood Banking Program, approved by the American Medical Association and sponsored in cooperation with the Registry of Medical Technologists of the American Society of Clinical Pathologists. Fifty-eight schools cooperate in this program under which hundreds of qualified medical technologists have been trained in the specialty of blood banking technology.

11. A network of thirty AABB Regional Reference Laboratories offering valuable assistance to any blood bank or hospital encountering problems of crossmatching, transfusion reactions, and antibody identification.

12. A Rare Donor File, listing rare blood donors, available on a no-fee, 24-hour basis to assist in locating compatible blood for patients worldwide.

13. A system of fourteen Frozen Blood Depots throughout the country which provide an immediate source of rare blood placed in storage for future use.

14. A Public Information Program to aid blood banks in local donor recruitment through the provision of audiovisuals, brochures and donor recognition materials; promotion of National Blood Donor Month each January; donor recruitment workshops; a national recognition program for ten-gallon donors; and a blood bank information program for students.

15. Consultation Service to assist with the establishment of local blood programs or the improvement of existing ones; to provide data on blood collection and transfusions; and to aid in the interpretation of federal agency communications relating to blood banking.

16. An Annual Meeting, the only national forum for presentation of new scientific and administrative data on blood banking and blood transfusion therapy.

17. A Standby Contract with the Department of Defense for the procurement of blood by AABB banks in times of national emergency.

Irwin Fee Case

2 Helped State in Blood Bank Suit

A Stanford Hospital surgeon and the Red Cross emerged yesterday as important elements in the complicated investigation conducted by California consumer officials into the affairs of the Irwin Memorial Blood Bank.

The investigation culminated Wednesday in the filing of a lawsuit against Irwin by the state Department of Consumer Affairs. The state said the blood bank has been charging excessive fees for blood given by unpaid donors.

Steven Fleisher, the state lawyer who filed the suit, said much of his investigators' research was helped by material provided by J. Garrott Allen, a surgeon at Stanford Hospital, and by the San Jose Red Cross blood bank.

Although neither Allen nor Dr. Donald Avoy, director of the Red Cross blood bank in San Jose, would say they had initiated the Consumer Affairs investigation, both said they had contributed material to research done by state officials.

The lawsuit revolves around what it costs patients to get blood if they need it when they're hospitalized.

The Red Cross charges a flat $35 fee for a pint — or unit. Irwin charges $20 a unit for persons who have contributed (or have friends or relatives who have given) an equal amount to a blood bank. It charges $50 a unit for those who haven't any of these "credits" in the blood bank.

The $30 difference — which Irwin calls a "non-replacement fee" — is refunded later, if the patient replaces the blood.

Allen said he disapproves of the fee system used by Irwin and said he had spent several hours talking to state investigators about what he sees as the problem.

"It's not that I'm a tattletale," Allen said. "All this material (relating to blood bank pricing) has been published. They (the state investigators) just came down and we talked about it."

Fleisher said he could not really pinpoint where the initial complaints about Irwin had come from, but he said Avoy of the Red Cross was quite helpful.

Avoy, like Allen, said the state officials had come to him in their research "and asked us how we do business."

Another point raised in the controversy is the $60,625 annual salary paid to Bernice Hemphill, director of Irwin Memorial. The Consumer Affairs officials said the salary demonstrated that the institution's costs were excessive.

Avoy, in San Jose, would not give his specific salary, but said the Red Cross pays its blood bank directors between $48,000 and $80,000. He said his salary is "somewhere in the lower third of that range."

In filing the lawsuit, Consumer Affairs officials said Irwin had amassed $2 million in cash. A spokeswoman for the blood bank said yesterday that figure represented holdings of last December. As of May 31, she said, the blood bank had $1.7 million in cash, of which $682,000 is the result of "gift donations."

Irwin and the Red Cross have been feuding for months over the pricing system for blood. Last October the Red Cross withdrwew its 57 blood banks across the country from the American Association of Blood Banks, a nationwide clearing house. Red Cross officials said they oppose the 'non-replacement fee' system.

The association has about 2200 members across the nation, including Irwin.

The controversy surrounding the consumer lawsuit had little effect on donors yesterday at Irwin's headquarters at 270 Masonic avenue.

James Lang, 35, a San Francisco fireman, rolled up his sleeve to give a pint of blood and said, "I don't care if they charge a thousand dollars a gallon for it. What's wrong with that? Why should people get it for nothing? My car breaks down, and I have to pay to get somebody to fix my car."

San Francisco Business,
May 1978.

WOMEN'S FORUM WEST:

A Power Network for the Distaff Side

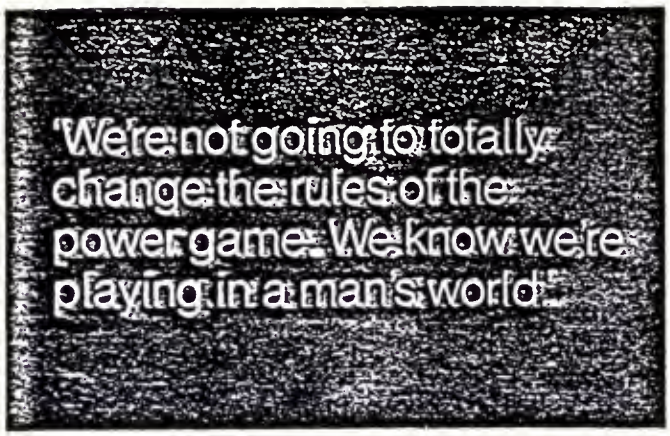
Janis MacKenzie

There is a low-profile but powerful new group in town. Its members are company presidents, vice presidents, lawyers, architects, judges and volunteer professionals, all of whom have one binding tie—they are successful women, who have banded together for camaraderie and power in a newly-chartered organization called Women's Forum West.

Women of Achievement might be a more appropriate monicker, since the membership list reads like a "Who's Who" roster. But Women's Forum West, unlike some women's groups, was not conceived as a "self-help" or assertiveness training medium. Instead, membership is limited to women who have already achieved that level called "success," whether measured on a male or female scale. The organization's emphasis is on building a distaff version of the "old-boys network," where women of accomplishment can come together to share ideas and experiences, without any pretense of job advancement or feminist flag-raising.

Women's Forum West is patterned after a similar New York organization, Women's Forum, Inc. Betty Freidan, Bess Myerson, Joanne Woodward, Barbara Walters and Muriel Siebert (the first woman to hold a seat on the New York Stock Exchange) are representative of the caliber of individual the New York forum has targeted for membership. Although the San Francisco-based forum has no formal affiliation with its New York namesake, it parallels the success-criteria necessary for membership.

Women's Forum West was incorporated in January 1978 as a non-profit California corporation. To be eligible for membership, a woman must have attained recognition in



her respective field, and at the same time be recognized beyond her profession. Membership is open to women who have achieved a corporate vice president or division manager post, or higher, and who are responsible for policy-making decisions. Volunteer professionals, with leadership and service on a board of a major corporation, are also eligible, as are writers, artists, playwrights, and women of "unique accomplishment and title."

Lorraine O. Legg, president of Women's Forum West and a member of its organizing board of directors, says the level of achievement required for membership sets the forum apart from many other women's groups. "Everyone in the organization has paid her dues. We come together to share a wealth of information you can sometimes only derive in casual conversation." Legg notes that at the forum's first preliminary meeting last August, most of the women present did not know each other, which demonstrated that women have nothing parallel to men's "power" networks. Legg sees the forum as providing a member with a means of casually interacting with other women, without being forced to play the "successful woman" role or to answer inquiries about how she attained her success.

If role playing, however, were in order, Lorraine Legg would certainly qualify as a model of "the successful woman." Currently vice president and general manager of Boise Cascade Credit Corporation, Legg is considered one of the sharpest financial minds in the country. She has been mentioned as a possible candidate for a seat on the Federal Home Loan Bank Board, and has also cropped up on lists of candidates for secretary of Housing and Urban Development (HUD). At age 29, Legg was special assistant to the head of the Federal National Mortgage Association and was one of the architects of transforming "Fannie Mae" from government to private enterprise status. Legg, who has a law degree from Lincoln Law School in San Francisco (graduating first in her class), joined Boise in 1970, when she was identified by a national search firm as the person who could best orchestrate Boise's withdrawal from the troubled real estate market.

Michele J. Hughes is another member of the forum's board of directors. As the only woman in the Bay Area to be a partner with a national executive search firm—William H. Clark Associates—she introduced the concept of the forum to San Francisco women and was instrumental in its organization. Hughes says that as the beginning of a power network for women "some people will probably look at the forum as an endorsement of what already is."

Bay Area Professional Women's Groups

Bay Area Executive Women's Forum
The group was founded one year ago and has a membership/mailing list of 100. Members represent a cross-section of executive women in business, industry and government.
Goal: To provide an opportunity for women to build and develop networks and to share talent through member workshops and seminars.

Bay Area Professional Women's Network
Membership includes many professions, industries and functional areas. Achievement level ranges from management trainee to corporate president. Group was founded over one and one-half years ago and has over 200 dues-paying members.
Goal: To promote informal contacts, for both professional and social purposes, between Bay Area women and to provide activities of interest.

Embarcadero Center Forum
Membership of business and professional women. Group was founded in July 1975 and has about 150 members.
Goal: Career expansion and personal development.

Financial Women's Club
Membership from the investment field and allied fields of finance. The group was founded in 1956 and has about 105 members.
Goal: To further the professional interests of the membership.

Professional Women's Alliance
Membership comes from all professions, arts, education, law, etc. The group was founded in 1977 and has about 35 members.
Goal: To form a network of successful women.

Society of Women Engineers, Golden Gate Section
Founded four years ago with a membership of 80. Members are engineers working in private industry and government in the Bay Area.
Goal: To encourage women to enter engineering, to inform the public of opportunities for women in engineering and to help women employed in engineering to progress.

San Francisco Women in Advertising
Membership includes women in all phases of communications/advertising. Group was founded in 1973 and has about 550 members.
Goal: To improve the status of women in the communications industry.

Women Entrepreneurs
Membership consists of business owners, prospective owners, independent contractors and/or commissioned sales representatives. The group was founded two and one-half years ago and has 400 members.
Goal: To provide a supportive and educational environment for women business owners and those starting their own businesses.

Women's Forum West
Group was incorporated in Jan. of 1978 and has 30 members. Members live or work in Northern California and have obtained recognition in their fields of employment. They must be nominated by the Membership Committee for membership in the corporation.
Goal: To provide a forum for the exchange of ideas and professional experience among women of diverse professional accomplishment.

Women Organized For Employment
Membership of 750, founded in January of 1974. Members are working women in the Financial District.
Goal: An issue oriented organization concerned with the enforcement of sex discrimination laws.

Women Tax Lawyers
Membership consists of tax lawyers. Group founded in December of 1977 and has 32 members.
Goal: To provide a network for women in the tax field.

She adds, however, "We're not going to totally change the rules of the power game. We know we're playing in a man's world." At the same time, Hughes says, because women have been on the outside looking in for so long, they will bring a fresh approach to issues and power, playing upon the positives and discarding some of the negatives. Although membership is limited to women at the top, the forum will help women on their way up, Hughes believes. "You are only as strong as your weakest link. If the forum succeeds, it will help women who are not yet as successful to make the journey."

Anne Morton, Ph.D., president of Anne Morton Associates, Inc., a motivational consulting firm, is co-founder with Hughes of the Women's Forum West. "The whole idea of the forum was to get together a group of peers. To constantly be seen as a role model is in some ways exhausting. This is a peer group, but not an elitist group," she cautions. "To be elitist would be to perpetuate something negative." Morton sees the group exploring issues beyond those specifically affecting women. Members of the forum, she says, have transcended the need to stick together because they are females, and thus the organization should be viewed on an equal basis with other community groups.

Morton combines over 5,000 hours of practical workshop experience with a Ph.D. from Stanford to help individuals and corporations improve productivity. As a motivational consultant who deals primarily with middle and upper management, Morton says women managers face the same problems as their male counterparts: lack of expertise and difficulties in handling personnel. Most problems facing women managers are external, not internal, she notes. For example, the problems presented to women traveling alone on business trips, particularly to foreign countries, are a result of the ways all women, but not specifically women in business, are viewed.

Award-winning architect Beverly Willis, A.I.A., who directs the San Francisco and Washington, D.C. offices of Willis & Associates, joined the Women's Forum West to disprove the male chauvinists. "I hear comments all the time that there are not qualified women around to fill jobs, and I don't believe that," she says. "The problem is that women aren't known. If we can call attention to the fact that there is this vast pool of qualified women, we will have done our job." As a successful woman, Willis says it is difficult to pontificate about the presence of discrimination. Most forum members feel likewise, having passed through the overt discrimination phase early-on in their careers. But, members note that there are still problems for women trying to break into top management positions within corporations, and problems which develop when women are supervising men.

Hughes adds that things don't get easier with advancement, the problems just change. "As I gain more and more exposure, my eyes are open even further. I've recognized that nothing gets any easier." However, she believes things are tougher for women in San Francisco than they are in other U.S. cities. "It's still a provincial environment, really tendered over a long period. I have to compete with people who have been here a lot longer than I have, and who are ingrained in the community." But, says Hughes, "If I can just get the door ajar, I'll climb in."

Climbing aboard the "power network" has taken many forum members down unusual career paths. Belva Davis, anchorwoman for KQED's "A Closer Look" newsprogram, is an example of a successful woman who climbed a twisting road to the top. She trained to be a teacher, but ended up as a government employee. She quit her government job out of boredom and spent an entire year trying to figure out what she really wanted to do—the answer, be on television.

In 1967 Davis landed a job at San Francisco television station KPIX and stayed with the station as co-anchorperson for almost 11 years. Davis moved to KQED late in 1977 because the station gave her the chance to undertake a solo anchor position.

Davis, who has two children, says women have tougher career paths than men because "we are supposed to have shining careers in two areas—homemaking and business." She says her career has been easier because her husband agreed to stay home and care for her daughter when Davis made her decision to go into television. She sees homelives changing as more and more women pursue full-time careers.

"In the 1950's there was a tremendous emphasis on women staying at home, and I am appalled at the lack of ability of many children from this era to do things for themselves," Davis says. Of necessity, children from today's both-parents-working households must take on added responsibilities and initiative, she notes, and men are becoming more willing to help out with childrearing and house-maintenance chores. However, while strides are being made at home, Davis believes women, as well as men, are still demanding too much paternalism from their employers, and in so doing are giving up freedom of thought and action.

Susan Willett Bird, an attorney with the San Francisco law firm of Pillsbury, Madison & Sutro, also has followed a

'If we can call attention to the fact that there is this vast pool of qualified women, we will have done our job.'

'If anything, being a woman has been an advantage in my career.'

winding career path. Married, with two children, Bird has been a market research analyst with Proctor & Gamble, a teacher and speech coach, and IBM's first female computer sales representative, before joining the barrister ranks.

As IBM's first female salesperson, the entry into the male-dominated job was not easy, but being a woman posed no great problems once her foot was in the door, she says. "I could walk into an office to make a sales call and show what I knew. I had a different face and manner than they were used to seeing, which probably helped in getting their attention. If anything, being a woman has been an advantage in my career," she says.

Bird returned to school in 1971 to receive her law degree from Stanford, after almost 10 years in the business world. She says she has not encountered any discrimination in the legal profession.

Ruth Miller, "People" section editor of the *San Francisco Chronicle*, won and lost her first journalism job because she was a woman. Miller joined the workforce during World War II in order to support two children. She was hired by the *Chronicle* as a "copy boy," until wartime ended and a man came back to take her place. After some public relations work with the Honolulu Star Bulletin and editorships with the Napa Journal and the Santa Barbara News Press, Miller rejoined the *Chronicle* in 1962 as assistant society editor. She returned to the *Chronicle* because she felt changes could and should be made in the so-called "society" or "women's" pages.

During the past 16 years, Miller has radically altered the content and look of her feature-dominated section. Miller became editor of the section in 1966 and won a name-change to "People" in 1971, expanding the section's scope to appeal to a broader section of readers. She notes that the section is no longer considered the "ghetto" area of the newspaper. Miller directs a staff of 16 and says she prefers to work with other women. "Men are accustomed to being directed. When you're not telling them what to do, they sit around. Women don't."

This type of initiative has catapulted Irwin Memorial Blood Bank executive director and Women's Forum West member Bernice Hemphill into the role of one of the nation's most admired women. Listed in "Who's Who of American Women," "Who's Who in America," and "Who's Who in the West," Hemphill has received over 10 special awards for her philanthropic and goodwill endeavors.

Hemphill says she began her career by being in "the right place at the right time." She was at Pearl Harbor in December 1941, and coordinated the blood-donor efforts following the Japanese attack. Upon her return to San Francisco, she continued her newly-found profession by forming the Irwin Memorial Blood Bank, the first medically-sponsored, non-profit community blood bank in the country. Hemphill is the originator of the blood-bank clearinghouse concept for the exchange of blood and blood credits between blood banks throughout the U.S. She is a consultant on blood banking to eight South American countries, representing the U.S. in the Pan American Federation for Volunteer Blood Donations.

Hemphill says she has been successful partly because of her willingness to do detail work, even though it is sometimes boring and time consuming. "For young people trying to get ahead, I would advise them to be as creative as they can and to attempt a leadership role."

A willingness to take that extra step and become a leader in her field was precisely the success formula employed by Helen Lamoureux in her career ascent to assistant vice president of Amfac Corporation. Lamoureux has designed Amfac's social responsibility and consumer affairs programs, and has become known as an expert on affirmative action and consumerism. She is on the advisory commission of the Consumer Product Safety Commission and the first president of the Northern California chapter of the Society of Consumer Affairs Professionals. Lamoureux, who has an MBA degree, was a security analyst with Bank of America before joining Amfac.

As a coordinator of affirmative action programs, Lamoureux observes that women are making slow but steady strides in the corporate world. She cautions, however, that women cannot expect to advance into top management too quickly, merely because they are women. "Many of the qualified women at this time aren't 'seasoned' enough to take on high positions. They will be shortly. Overpromoting is bad for the person, and it's bad for the company," she says.

If there is one observable commonality among Women's Forum West members, in addition to success, it would be their involvement beyond their regular jobs or professions. Beverly Willis is the first women to chair the Federal Construction Council, is president-elect of the California Council of Architects and is on the Building Research Advisory Board. Ruth Miller is a contributing editor to Architectural Digest, Bernice Hemphill is president of American Women for International Understanding, while Belva Davis heads up the local radio and television union.

No matter whether they are working at their professions or putting in that extra bit of involvement, the 30-plus charter members of the forum are not content to rest on their accomplishments. Women in general may still face a tough road, but the Women's Forum West may be one of the stations on that road that makes the trip easier both for the members and for those that follow them.

SUPERIOR COURT OF THE STATE OF CALIFORNIA

CITY AND COUNTY OF SAN FRANCISCO

RICHARD B. SPOHN, Director of the
Department of Consumer Affairs
for the State of California

Plaintiff,

v.

IRWIN MEMORIAL BLOOD BANK OF THE
SAN FRANCISCO MEDICAL SOCIETY, a
California corporation, et al.,

Defendants

Consumer Unit Clears
North State Blood Bank
Irwin Memorial
Blood Bank Cleared
Blood suit dies
No financial problems
Blood bank's slate clear
State drops
Irwin blood
clears
Lawsuit
A rousing victory for blood bank
fees
Blood Bank
Allegations
Dismissed
State Drops Blood
Blood bank
is cleared
State Clears Blood Bank
Blood bank charges dropped
Suit Against Blood Bank Dismissed
No irregularities found in
Irwin Blood Bank operation

CHRIS BURNS, C.P.A.
6 ADMIRAL DRIVE, NO. ~~XXX~~ 479
EMERYVILLE, CALIFORNIA 94608

PHONE (415) 653-7378

JUL

July 1, 1980

Mr. David R. Zimmerman
603 West 111th Street
New York, New York 10025

Dear David:

There are two things I have learned in the last few days that I believe will be of interest to you.

First, I have learned that ANRC is listed as an "Independent Agency" in the 1979 Congressional Directory of the U.S. Government, 96th Congress, 1st Session. In that Directory ANRC is in the company of other such giant "independent agencies" as the CAB, FCC, FTC, ICC, NASA, Farm Credit Administration and Board of Governors of the Federal Reserve System, to name a few. I enclose a copy of pages 637 to 639 from the Directory.

The question occurs to me that many citizens might be unhappy if they knew that $121 million of United Way funds in 1979 were allocated to this U.S. Government Agency, representing more than twice the amount allocated to any other agency. It's almost like an additional contribution to the government over and above what people pay on their Forms 1040. I expect to be publicizing this fact soon.

One other thought occurs. If ANRC's expenses for fiscal 1979 of $180 million, exclusive of blood program expenses, were 100% financed by the U. S. Treasury instead of by "charitable contributions", this would be a fly spect in the National Budget of over $600 billion, or about 0.03%. In the meantime, United Way's support of ANRC could be used for other worthwhile local charities. You will also note on page 36 of ANRC's report that a good number of ANRC's Board of Governors are U.S. Government officials.

The second new development is that I am now able to document the approximate percentage of local United Way contributions to ANRC which are allocated to National ANRC. From the combination of the ANRC published report for 1979 and the United Way allocations, copies of which you have received, I estimate that about 38% of chapter contributions nationwide are apparently remitted to National ANRC, computed as follows:

(a)	1978 contributions reported by National only on the audited 1979 statements (page 27 of 1979 annual report)	$60,241,603
	Amount received from Washington United Way as shown on page 105 of Allocation Report	(3,391,058)
		$56,850,545
(b)	Total amount received nationally per unaudited statements (page 23 of 1979 annual report)	$152,134,522
	Amount received from United Way in Washington, D. C.	(3,391,058)
	Amount received nationally from other than United Way in Washington, D.C.	$148,743,464
(c)	Amount received from other than United Way in Washington, D. C.	$56,850,545
	Amounts received nationally from other than United Way in Washington, D.C.	$148,743,464 = 38.2%

This computation may be off somewhat to the extent that the $56,850,545 received from other than United Way in Washington, D.C. may include some unknown amounts received by the Washington Chapter which were not from chapters. But I personally believe that the 38% is probably a fair estimate of the amount of chapter donations that are allocated to national ANRC.

In any event, David, I hope this information proves helpful to you. As more information becomes available, I'll let you know.

Sincerely yours,

Chris Burns

Chris Burns, C.P.A. (rms)

CB:rms
Encl.
bcc: Mrs. Bernice Hemphill

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Irwin Memorial Blood Bank, 198

Promises to Keep

A HISTORY OF THE FIRST FOUR DECADES OF IRWIN MEMORIAL BLOOD BANK OF THE SAN FRANCISCO MEDICAL SOCIETY

LIFE MAGAZINE PHOTOGRAPH — NAT FARBMAN

LIFE magazine photograph that shows the hundreds of units of blood provided by Irwin for one hemophilia patient.

MARGARET HARRELL

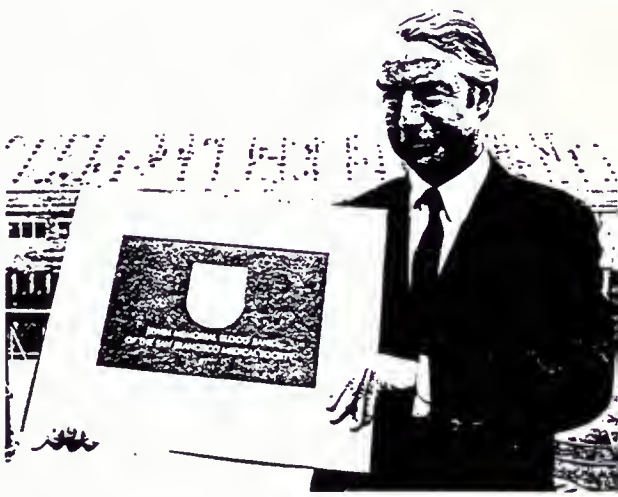
Retired in 1980 as Irwin's Administrative Assistant for Corporate and Community Affairs, after working for Irwin for thirty-two years.

ARLENE KANE

Irwin's Director of Management and Services, an employee since 1958.

EMI SHINAGAWA

Retired in 1982 as Irwin's Administrative Director after working for Irwin for thirty-two years.



Above: Emblem developed for Irwin as a public service in 1968 by Walter Landor and Associates, San Francisco.

Below: Irwin's 1 millionth donor Albert O. Rolseth receives recognition from Bernice Hemphill, 1964.

41 years in lifesaving blood busine

Bernice Hemphill got involved during Pearl Harbor attack, and has kept a

Wed., Nov. 17, 1982 S.F. EXAMINER 2A5

Examiner/Kurt Rogers

Bernice Hemphill is retiring after 41 years in blood donation work

By Bill Boldenweck
Examiner staff writer

It was Dec. 7, 1941, and flames were shooting 50 and 60 feet into the sky beneath plumes of black, boiling smoke that reached for thousands of feet and blotted out the Honolulu sun.

The island of Oahu, site of Pearl Harbor and Hickam Field, principal targets of the Japanese sneak attack, was paralyzed by fear.

But a call had gone out for help. Badly wounded sailors and airmen were being rushed to the hospitals, civilian and military, and there was a need for whole blood, for the relatively new skill of transfusions from healthy bodies into torn and broken ones.

Local radio stations rapped out panicky and confused orders for all military personnel to report to their stations and pleaded for blood donors. As her husband headed to duty, a young Navy wife thumbed a ride to the nearest hospital, Queen's Hospital, to donate blood.

After her blood had been taken, Bernice Hemphill, who had recently been certified as a clinical lab worker, volunteered to stay to help process the blood. She stayed in the lab for four straight days, napping on couches, and within two weeks she was placed in charge of the blood bank lab.

This month, nearly 41 years later, she's retiring, partly, from her career as a blood banker.

During that time she's built the Irwin Memorial Blood Bank into a unique and pioneering life-saving and research institution.

She came to Irwin in a manner similar, if less hectic and frightening. When her husband was transferred to San Francisco, her native city, in 1943, she accompanied him and naturally reported to the Irwin Memorial Blood Bank, which had been established a few years earlier in a Pacific Heights mansion.

Over the years it has grown from an operation that processed as many as 200 pints per month in 1941 to one currently handling as many as 10,000 per month.

Part of the impetus for growth has been the nation's wars, and as the Korean War succeeded World War II, to be followed by the war in Vietnam, medical advances and improved techniques in preserving blood increased the availability of the precious fluid for battlefield surgery and lifesaving.

But part of the growth has been self-perpetuating.

As blood has become more available, surgeons and other doctors have been able to develop more techniques to use it. And as the techniques have been proven and have become used more widely, the demand for blood has increased.

Hemphill is proud that Irwin was a leader in voluntary donorship, and one of the first blood banks in the world to draw its full blood supply from volunteers rather than paid donors.

"Sure, I remember the days when people in college could get a quick $25 just before the big prom by donating a pint of blood," she smiles, "but paid donors are much more chancy.

"The heart of our program is volunteers, and we need more and more. There are only 3,000 seats in the Opera House, so you can see that we need three times the capacity of the Opera House each month."

And, she adds, only about 5 percent of the people who can give blood do give blood.

"We have a particular situation here in San Francisco," she says, "with the change in the ethnic and cultural situation. People in the Oriental community, for example, are just not used to the idea of giving blood."

But, she says, there is a constant increase in donors through recruitment, and through the discovery of people who come in to donate a replacement pint for a friend or neighbor, discover how necessary and easy donations are, and keep on returning.

There are more than 100 "Ten Gallon" donors who have contributed 80 pints or more, and nearly a dozen 100 pint donors.

"The human body is the only place where blood is made," Hemphill points out, "and when one person gives blood to another, it unites us, it's an affirmation of the future. Blood is the same all over, it transcends racial, religious, and national, differences.

"I think that I've been in the most interesting and humanitarian profession of all."

Oddly, since that first pint at Pearl Harbor, she hasn't been able to donate herself, since she has had hepatitis.

But her achievements in blood banking have brought her so many honors that a whole wall of her office and a couple of shelves into the bargain have been filled wih plaques, awards and certificates of appreciation.

One of the founders, in 1947, of the American Association of Blood Banks, she was its treasurer for 25 years before becoming the first woman to head the group in 1975.

She is best remembered nationally as the developer of the blood clearinghouse system, patterned after the Federal Reserve Bank, which allows people to donate in one area for the need of someone in another area, and allows blood banks to borrow and loan blood to one another to balance shortages and surpluses, a system that so far has been responsible for nearly nine million blood or credit exchanges.

She has also traveled to Central and South America to help establish blood banks, and is a member of the International Society of Blood Transfusion.

Despite that early trouble with "budgets and things," she is a member of the advisory board of the Business School of Santa Clara University and a member of the boards of directors of the San Francisco Chamber of Commerce, the San Francisco unit of the American Cancer Society, and the San Francisco Convention and Visitors Bureau.

AMA honors five with annual awards

Dr. Holden

Dr. Jurkiewicz

Ramsey

Hemphill

Dr. Barness

Distinguished Service Award

Surgeon William D. Holden, MD, received the 1984 Distinguished Service Award from the AMA at its Annual Meeting in Chicago.

Dr. Holden, former chairman of the Dept. of Surgery and currently emeritus Oliver H. Paine professor of surgery at Case Western Reserve U. School of Medicine, Cleveland, was recognized for his extensive contributions and accomplishments in scientific research.

He has headed the Advisory Committee on Graduate Medical Education, American Board of Surgery, National Board of Medical Examiners, and American Board of Medical Specialties.

Scientific Achievement Award

Surgeon Maurice J. Jurkiewicz, MD, received the 1984 Scientific Achievement Award at the AMA Annual Meeting in Chicago.

Professor of surgery and chief of plastic and reconstructive surgery at Emory U. School of Medicine, Atlanta, Dr. Jurkiewicz is credited with developing the myocutaneous flap procedures used in reconstructive surgery. Modern breast construction using the technique was developed under his leadership.

He has served as chairman of the American Board of Plastic Surgery and president of the American Assn. of Plastic Surgeons.

Citation of Layman

William R. Ramsey, chief executive officer of the American Society of Internal Medicine (ASIM), and Bernice Hemphill, former president of the American Assn. of Blood Banks, shared the AMA's 1984 Citation of a Layman for Distinguished Service.

Ramsey, who has headed the ASIM since 1968, began his career as a hospital administrator. He served as executive secretary of the King County Medical Society in Seattle and as assistant director of the AMA Field Service Division.

He served on the board of the American Assn. of Medical Society Executives and on its advisory committee to the AMA executive vice president.

Hemphill, who served as executive director of the Irwin Memorial Blood Bank of the San Francisco Medical Society for 35 years before retiring in 1982, was instrumental in establishing a clearinghouse program allowing for the exchange of blood and blood credits nationwide.

She has served on a variety of national and international health groups.

Goldberger Award in Clinical Nutrition

Pediatrician Lewis A. Barness, MD, received the Joseph B. Goldberger Award in Clinical Nutrition at the AMA Annual Meeting for his teaching and research.

Dr. Barness, professor and chairman of the Dept. of Pediatrics at the U. of South Florida College of Medicine, Tampa, was cited for contributions including his work establishing the minimum nitrogen requirements for infants and the effectiveness of vitamin E therapy in the management of some hemolytic anemias in premature infants.

He has served as a member and chairman of the American Academy of Pediatrics Committee on Nutrition.

APPENDIX N
American Medical News, June 29, July 6, 1984.

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circa 1991

AMERICAN ASSOCIATION OF BLOOD BANKS

Suite 600, 1117 North 19th Street, Arlington, Virginia 22209 (703) 528-8200 FAX: (703) 527-8036

ANNUAL MEETING HISTORY

1st	Buffalo, NY	August 26 - 28, 1948
2nd	Seattle, WA	November 3 - 5, 1949
3rd	Chicago, IL	October 12 - 14, 1950
4th	Minneapolis, MN	October 22 - 24, 1951
5th	Milwaukee, WI	October 9 - 11, 1952
6th	Chicago, IL	October 17 - 20, 1953
7th	Washington, DC	September 13 - 15, 1954
8th	Chicago, IL	November 19 - 21, 1955
9th	Boston, MA	September 3 - 5, 1956
10th	Chicago, IL	November 4 - 6, 1957
11th	Cincinnati, OH	November 20 - 22, 1958
12th	Chicago, IL	November 4 - 7, 1959
13th	San Francisco, CA	August 21 - 26, 1960
14th	Chicago, IL	October 25 - 28, 1961
15th	Memphis, TN	October 31 - November 3, 1962
16th	Detroit, MI	November 5 - 8, 1963
17th	Washington, DC	August 25 - 28, 1964
18th	Bal Harbour, FL	September 14 - 17, 1965
19th	Los Angeles, CA	October 25 - 28, 1966
20th	New York, NY	October 21 - 25, 1967
21st	Washington, DC	October 29 - November 1, 1968
22nd	Houston, TX	November 18 - 22, 1969
23rd	San Francisco, CA	October 26 - 30, 1970
24th	Chicago, IL	September 12 - 16, 1971
25th	Washington, DC	August 27 - September 2, 1972
(Joint Congress with International Society of Blood Transfusion)		
26th	Bal Harbour, FL	November 10 - 15, 1973
27th	Anaheim, CA	November 9 - 14, 1974
28th	Chicago, IL	November 11 - 14, 1975
29th	San Francisco, CA	October 30 - November 5, 1976
30th	Atlanta, GA	November 11 - 16, 1977
31st	New Orleans, LA	November 4 - 9, 1978
32nd	Las Vegas, NV	November 3 - 8, 1979
33rd	Washington, DC	November 7 - 12, 1980
34th	Chicago, IL	October 30 - November 4, 1981
35th	Anaheim, CA	November 6 - 11, 1982
36th	New York, NY	October 28 - November 2, 1983
37th	San Antonio, TX	October 20 - 25, 1984
38th	Miami Beach, FL	October 19 - 24, 1985
39th	San Francisco, CA	November 2 - 7, 1986
40th	Orlando, FL	November 7 - 12, 1987
41st	Kansas City, MO	October 8 - 13, 1988
42nd	New Orleans, LA	October 21 - 26, 1989
43rd	Los Angeles, CA	November 10 - 15, 1990
(Joint Congress with International Society of Blood Transfusion)		
44th	Baltimore, MD	November 9 - 14, 1991

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FUTURE MEETING SITES

45th	San Francisco, CA	November 7 - 12, 1992
46th	Miami Beach, FL	October 23 - 28, 1993
47th	San Diego, CA	November 12 - 17, 1994
48th	New Orleans, LA	November 11 - 16, 1995
49th	Orlando, FL	October 12 - 17, 1996
50th	Dallas, TX	October 25-30, 1997 October 18-23
51st	Philadelphia, PA	October 31 - November 5, 1998
52nd	San Francisco, CA	November 6 - 11, 1999
53rd	Washington, DC	November 4-9, 2000
54th	San Antonio, TX	October 13-18, 2001

1993

PAST PRESIDENTS of the American Associatic of Blood Banks

1948-G. Albin Matson, PhD*
1949-Ralph Stillman, MD*
1950-Thomas H. Seldon, MD
1951-Paul I. Hoxworth, MD*
1952-J.W. Davenport, Jr., MD*
1953-Israel Davidsohn, MD*
1954-Aaron Kellner, MD*
1955-Merlin L. Trumbull, MD*
1956-James Griffitts, MD
1957-E. Eric Muirhead, MD*
1958-Oscar B. Hunter, Jr., MD*
1959-Ralph W. Hartwell, MD*
1960-E.R. Jennings, MD*
1961-John R. Schenken, MD*
1962-Keith D. McMilan, MD*
1963-Merrill J. Wicks, MD
1964-Rosser L. Mainwaring, MD
1965-Robert E. Klein, MD*
1966-E. Arthur Dreskin, MD
1967-George J. Hummer, MD
1968-John A. Shively, MD
1969-Frank C. Coleman, MD
1970-Enold H. Dahlquist, Jr., MD
1971-John B. Henry, MD
1972-William G. Battaile, MD
1973-Robert D. Langdell, MD
1974-Klaus Mayer, MD
1975-Herbert F. Polesky, MD
1976-Bernice M. Hemphill
1977-Richard H. Walker, MD
1978-Howard F. Taswell, MD
1979-Byron A. Myhre, MD, PhD
1980-Thomas F. Zuck, MD, COL, MC, USA
1981-Bill T. Teague, MT(ASCP)SBB
1982-Jacqueline D. Miller, MD
1983-Edward O. Carr, MT(ASCP)SBB
1984-John D. Milam, MD
1985-Grace M. Neitzer, MT(ASCP)SBB
1986-Eugene M. Berkman, MD
1987-Edwin A. Steane, PhD
1988-Paul J. Schmidt, MD
1989-Laurence A. Sherman, MD
1990-Toby L. Simon, MD
1991-Donald D. Doddridge, MA, MT(ASCP)
1992-E. Shannon Cooper, MD, JD
1993-Arthur J. Silvergleid, MD

*Deceased

Nob Hill Gazette,
July 1995.

RICH PERSONALITIES

Bernice, Queen of the Blood Banks

— *A Lifetime in Vein* —

By Merla Zellerbach

"This work gets in your blood," Bernice Hemphill has been known to say, describing her 50-year devotion to the field of blood banking. Trained as a clinical laboratory bioanalyst at the University of California, she's made medical history pioneering her specialty, starting in wartime Hawaii, then returning to San Francisco in the early forties to serve as Managing Director of the Irwin Memorial Blood Bank.

Since then, she's become internationally famous as the founder and past president of the American Association of Blood Banks, as a presidential appointee to various health commissions, as a director on numerous civic boards and as a recipient of more than 80 honors and awards, with a list of credits that fills almost half a column in *Who's Who.*

For the past 24 years, she's lived in a stunning Russian Hill apartment enhanced by Oriental screens, lamps, tables and art objects. ("I'm an Irish Asian," she explains, with a twinkle.) Views of the city abound, from the peach-colored living room to the pristine kitchen, a room she only uses to heat soups and make an occasional salad. ("I'm allergic to cooking.")

Widowed since 1988, Bernice Hemphill is soft-spoken and elegantly dressed, with a deceptively low-keyed presence. Her determination and vitality become evident as we talk.

MZ: Were you born in California?

BH: Yes, I'm a third generation San Franciscan. I went to Notre Dame Convent, then met my husband, Charles, at the University of California. He was a dental student and I was training as a medical technician. After we married in 1940, he opened a practice in Oakland. (Laughs) My mom thought I was moving to a foreign country. But our stay in Oakland was short-lived. Charles joined the Navy in 1941 and soon after, I joined him in Pearl Harbor. I'd only been there a month when the Japanese attacked.

MZ: How did you learn of it?

BH: I'd gone to early Mass that morning and left the church about 7:30. As I turned onto our street, an anti-aircraft shell exploded right in front of me. Shrapnel tore up my car and the concrete. It just missed me by inches. Charles came out, saw I was all right, and said "I need the car. Pearl Harbor's being bombed. Go inside and don't do anything."

MZ: Did you obey orders?

BH: Well, I heard on the radio about all the ships being hit and then the Governor came on shouting, "Be calm! Be calm!" and announced an urgent need for blood donors. So I ran up to Kalakaua Ave. and hitch-hiked a ride to Queen's Hospital. When I got there, around 10 A.M., hundreds of people had lined up to give blood. I waited an hour and a half, saw that nothing was happening and finally, went up to the laboratory to see if I could help. It was mass confusion. Nobody knew how to direct the operation so I stepped in. I ate and slept at the hospital for a week.

MZ: What kind of facilities did they have?

BH: None. In that era, transfusions were given with the patient on one bed and the donor on another bed. To add to the problem, I didn't know where my husband was and he didn't know where I was.

MZ: Did you have time to worry?

BH: Not really. We were both working 'round the clock. Charles had been very busy identifying the deceased by dental charts and repairing jaw and mouth injuries. After we caught up with each other I went back to the hospital. At the time, all we knew about blood preservation was that small blood banks were functioning in other hospitals and you could store blood in refrigeration for five days. The cells would settle in the lower part of the bottle and the plasma would rise to the top, like cream on milk.

MZ: Was that an advantage?

BH: Yes, once the blood separated, we could aspirate (remove by suction) the plasma into small containers and issue it as fast as possible. With plasma, the patient's blood type didn't matter. There were so many burns and injuries.

MZ: How long did you stay at Queen's Hospital?

BH: I directed their blood collecting and processing for two and a half years. That's where I learned the work ethic — that you don't go by the clock, you work according to need. Ten or twelve hours a day was nothing. I was fortunate that my co-workers felt the same way. They were of all nationalities. We never thought about race or gender. We were in it together.

MZ: Then you and Charles came back to San Francisco in 1943.

BH: Yes. The Irwin Memorial Blood Bank was started in 1941 by Drs. John Upton and DeWitt Burnham, and later, Dr. Curtis Smith, as the first nonprofit community blood bank in the world. I went to work as a volunteer and one day Dr. Smith came to me and asked if I'd be in charge of the operation. That's the only remunerative position I've ever had. All the other things I've done — starting blood banks up and down California with Dr. Upton, helping train people and founding the American Association of Blood Banks — have all been volunteer.

MZ: Do you still pay blood donors?

BH: Absolutely not. All the blood donated to Irwin is volunteer.

MZ: You seem to feel strongly about that. Do you feel you get better quality blood, if there is such a thing, from donors who don't need the money?

BH: I've learned that just wanting to give is the best motivation in the world. As to "better quality blood," a lot depends on the way people live and function. Are they smokers? Drinkers? Drug addicts? We were more likely to get these people as donors before we went on a 100 percent volunteer program. Also, there were infectious diseases you couldn't detect unless there was a post-transfusion reaction.

MZ: What about the process of donating blood? Has that changed?

BH: No, it's safe, simple and takes about an hour. What's changed, unfortunately, is that we have to disqualify many more donors because we have stricter controls.

MZ: Due to improved methods of testing?

BH: That's a major factor. Many people would like to donate, but can't because they've had jaundice, cancer, or some infectious disease. However, everyone can do something for the blood bank — help us recruit donors, serve refreshments, deliver blood to hospitals, reward donors with thank you notes and help raise funds for research. I always say we take money, volunteer service, even your blood. (Laughs) What else is there?

MZ: Who donates more blood, men or women?

BH: Men do, but I've seen tremendous changes. It used to be 5 or 10 percent women, now it's up in the 40s — a significant difference. The whole picture, in fact, has changed. When we started at Pearl Harbor, we used one unit of blood for one patient. Today, we take one unit of blood and make six or more products. From a single pint, the red cells can go to one patient, plasma to another, platelets to another and so on. One pint can save many lives.

MZ: I've heard that people can no longer donate blood for a specific patient.

BH: That's true. I feel strongly that the credit system is a good concept, but it's being phased out because of the bookkeeping and paper work. The current trend is to call a blood bank a blood center, but I prefer the term "bank" and it's accurate.

MZ: Would you like to see the credit system reinstated?

BH: It won't happen. What I'd really like to see is more emphasis on blood recipients as donors. Five percent of the population give blood and 99 percent take it. After 50 years, we still haven't found the answer to getting a good supply.

MZ: What are your hopes for the future?

BH: I'd like the community to be much more aware and appreciative. You can't take this service for granted any more than you can the police or fire department. Yet patients do take it for granted because we're not communicating the great shortage.

Bernice Hemphill

MZ: Will there ever be a chemical substitute for blood?

BH: Maybe there'll be substitutes for some components. Or there may be medical breakthroughs so patients won't need blood transfusions. But right now, it's a long way off.

MZ: Let's talk about your hobbies and interests. Ever go to see vampire movies?

BH: No. (Smiles) I wanted to have children but couldn't. My greatest wishes were to have had some artistic or writing talent, or to be able to sit down at the piano and play songs everyone could sing. Fortunately, I love to work. My life has always been in high gear. I retired in 1982, but I was asked to continue, so I started the Blood Research Foundation and today I'm president. I was offered a retainer but I prefer to volunteer — to be a free spirit and do what I want to do.

MZ: What do you want to do?

BH: Mostly, I want to rekindle the notion of giving. There's no greater gift than to give your own blood. We're all interdependent. You can be a multimillionaire, but if you need a certain type of blood or bone marrow — all the money in the world won't buy it.■

Merla Zellerbach is a native San Franciscan who attended Lowell High School and Stanford. She was a columnist for the *San Francisco Chronicle* for 23 years, and a permanent panelist on ABC-TV'S game show, "Oh My Word". Her articles have appeared in *Town & Country*, *Cosmopolitan*, and *Travel & Leisure*. She is also the author of books including *Cavett Manor*, *Rittenhouse Square* and her new release *The Allergy Sourcebook*.

IN LOVING MEMORY

BERNICE M. HEMPHILL

At Rest November 22, 1996

MEMORIAL MASS
Monday, December 2, 1996
4:00 P.M.

Church of St. Vincent de Paul
2320 Green Street
San Francisco, California

IN CELEBRATION OF THE LIFE OF BERNICE

CELEBRANT

THE REVEREND ROBERT W. CHARM

WELCOME

THE REVEREND JOHN K. RING
PASTOR, CHURCH OF ST. VINCENT de PAUL

READING	BROTHER KELLY CULLEN, OFM
	Ezekiel 34: 11-12, 15-17
RESPONSORIAL PSALM	XX111
GOSPEL	John XIV, 1-6
HOMILY	THE REVEREND JAMES F. ATKINS
PRAYER OF THE FAITHFUL	DOROTHY & TED KITT

SHARING OF REMEMBRANCES

HERBERT A. PERKINS, M.D.

DENNIS WU

IN THANKSGIVING

BETTY CARLEY

VOCALIST	DAVID TAFT KEKUEWA
ORGANIST	STEVEN MEYER

****

Following the Mass friends are invited to meet together for fellowship and remembrances of Bernice in the lower level of the church.

Halsted N. Gray Carew & English Inc.
Funeral Directors
1123 Sutter Street
San Francisco, CA 94109

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